Kathleen Villarino
Martha McKittrick Nutrition
Clinical Rotation
ADIME
GI Chart

Coffee - almond milk or almond creamer 1 tsp sugar

Breakfast

Non fat Yogut + 1 T. chia or ground Flaxseed

1 T. PB on Banana or apple or 1 slice GF Bread

Avocado on Bread

Lunch

Salad + Turkey or grilled chicken or 3-4 Egg whites

Try to add Beans.

2 T. sunflour Butter + apple or GF crackers

Pasta + oil (x/wk

Spinach, avocado + veggies

quinoa salad

$\frac{1}{3}$ cup guacamole + arugula

Small - 150 cal or less

2 gm sat fat or less

Diet soda if needed

↓

try caffeinated tea

Skinny pop: 100 cal

½ cup pistachio in shell

¼ cup almonds

1 T. PB + small Apple

¼ cup pistachios + 2 T. craisins

Dinner

lean protein (chicken, Fish, red meat)

+

veggies - Big portion veggies

Small amount starch (potato, quinoa, Brown Rice)

NO carbs at dinner

3-4 fruit.

Celiac Disease Chart Notes

Assessment:
The client is a 13-year-old Caucasian female with Celiac disease. The client recently has had bloodwork done and it showed that she had high cholesterol levels. The client has a family history of high cholesterol and the doctor assured her that her high levels are genetic. However, the client would like to eat healthier and lose weight to improve her cholesterol levels while maintaining her current gluten-free diet.

The client swims for an hour once a week. However, during the winter she swims for an hour 4 times/week.

From the initial questionnaire, it seems like the client consumes a lot of processed foods. Depending on the day, the client tends to skip breakfast or just eats yogurt. For lunch, the client stated that she does not really like the food served at school and because of her diet restrictions, she must make sure that she does not consume anything with gluten. For her afternoon snack, the client regularly consumes diet soda, chips/crackers/apple with peanut butter. Her dinners are mostly balanced since her mother cooks relatively healthy dishes (rice with protein and vegetables). The client again snacks on ice cream/fruits/chips after dinner. She admits that she snacks because she is bored and not because she is hungry.

Anthropometric data:
Weight: 120 lbs
Height: 5'3"

BMI: 21.2 (Healthy/Normal Weight)

Pertinent lab values:
Cholesterol: 279 mg/dL (High)

Diagnosis:
Excessive oral intake related to high intakes of processed foods as evidenced by food questionnaire (low intake of vegetables and sporadic meal times).

Intervention:
1. Educate the patient regarding proper portion sizes.
2. Educate the patient on how to read a food label.
3. Incorporate more vegetables in the patient's diet.
4. Increase exercise to 2-3 times/week.

Educate pt + mom on heart healthy diet, emphasizing high fiber foods

Monitoring & Evaluation:
1. Keep a food log for 2 weeks.
2. Schedule a follow-up appointment in 3-weeks to check on progress and to see if meal plan needs to be updated.

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CUMULATIVE FINAL

Patient: [redacted]
DOB/Sex: [redacted]
MRN: [redacted]
REQ #: [redacted]

FASTING.

Hematology

	Out of Range	In Range	Reference Range
Complete Blood Count		Collected: 03/27/18 11:43	Received: 03/27/18
WBC		5.4	4.5–13.0 x10(3)/uL
RBC		4.82	3.80–5.20 x10(6)/uL
Hgb		13.9	11.5–16.0 g/dL
Hct		41.9	35.0–47.0 %
MCV		86.9	77.0–95.0 fL
MCH		28.9	25.0–35.0 pg
MCHC		33.2	31.0–37.0 g/dL
RDW-CV		14.4	11.5–14.5 %
Platelet		353	150–450 x10(3)/uL
MPV		8.1	8.0–12.0 fL
Automated Differential		Collected: 03/27/18 11:43	Received: 03/27/18
Neutro Auto		53.6	45.0–75.0 %
Lymph Auto		39.8	20.0–50.0 %
Mono Auto		4.7	2.0–11.0 %
Eos Auto		1.4	0.0–5.0 %
Basophil Auto		0.5	0.0–1.0 %
Neutro Absolute		2.9	1.8–7.0 x10(3)/uL
Lymph Absolute		2.1	1.0–4.8 x10(3)/uL
Mono Abs		0.3	0.2–0.9 x10(3)/uL
Eos Abs		0.10	0.00–0.45 x10(3)/uL
Baso Abs		0.00	0.00–0.10 x10(3)/uL

General Chemistry

Cardiovascular Disease Markers		Collected: 03/27/18 11:43	Received: 03/27/18
Chol	**279.0 H f**		**<=200.0 mg/dL**
Desirable: <200 mg/dL Borderline High: 200–239 mg/dL High: >=240 mg/dL			
Trig		135 f	<=150 mg/dL
Normal: < 150 mg/dL Borderline High: 150–199 mg/dL High: 200–499 mg/dL Very High: >=500 mg/dL			
HDL		82 f	>=40 mg/dL
Low HDL Cholesterol (Major Risk Factor): < 40 mg/dL High HDL Cholesterol (Negative Risk Factor): >= 60 mg/dL			
LDL Calc	**170 H f**		**<=100 mg/dL**
Desirable: < 100 mg/dL Above Optimal: 100–129 mg/dL Borderline High Risk: 130–159 mg/dL High Risk: 160–189 mg/dL Very High Risk: > 190 mg/dL			
Chol/HDL R		3.4	

MR 3/29/18

Ordering Physician: NEWMAN CEDAR, MERYL F MD

LEGEND: c=Corrected *=Abnormal C=Critical L=Low H=High f=Footnote i=Interpretive Data ##=New Result

Report Date/Time: 03/29/18 03:04

Questions:

1. Intern's comments about nutritional intervention(s) for this patient. How receptive was / were the patient and family to nutrition intervention? What were the factors that influenced this the most? Patient/family factors? Institutional/environmental factors?

The patient was extremely receptive to the intervention. She came in with her mother and both were ready to listen. The patient stated that she would like to learn more about what she can do to develop healthier eating habits. Throughout the counseling session, the patient's mother stated that she is more than happy to help the patient make better food choices by purchasing healthier food items for the family. The patient's mother also stated that she would be more than happy to prepare healthier dishes at home. The patient has great support from her family and is not easily influenced by her friends' unhealthy food choices. It is also helpful that the patient's school can make accommodations for her dietary restrictions.

2. Was the nutrition intervention successful? Why/Why not?

The patient was happy with the meal plan developed during the counseling session. She was excited to follow everything that was discussed which proves that the intervention was quite successful. The patient was willing to fill out a food log for 2 weeks. She was also willing to come in for a follow-up appointment in 2 weeks.

Glossary of unfamiliar terms:

MCH – stands for Mean Corpuscular Hemoglobin. MCH refers to the average amount of hemoglobin present in a single red blood cell.

MCHC – stands for Mean Corpuscular Hemoglobin Concentration. MCHC refers to the concentration of hemoglobin in a single red blood cell.

RDW – CV – stands for Red Blood Cell Distribution Width. RDW-CV looks at how red blood cells in the body varies in volume and size. This value is used to diagnose different types of anemias.

Applies to:

CRDN 1.6 Incorporate critical-thinking skills in overall practice.
CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.
CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.
CRDN 2.11 Show cultural competence/ sensitivity in interactions with clients, colleagues and staff.
CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.
CRDN 3.3 Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.
CRDN 4.10 Analyze risk in nutrition and dietetics practice.