Kathleen Villarino
Martha McKittrick Nutrition
Clinical Rotation
ADIME
Diabetes Chart

Date: 4/5/18

NUTRITION CONSULTATION REPORT

Reason for consultation/referral: diet to lower blood sugar

Weight	Height
150 lbs	67"

Weight history: stable

Lab results: hba1c 6.5 chol wnl

Medical history: 77 yo M with diabetes/prediabetes?, reflux, "GI issues", Hx HTN (ok on meds)

Medications/supplements: numerous includes

Exercise: has personal trainer 2-3x/wk, walks dog several times/day, tries to walk a lot in the city

Other: lives on UWS

Diet Recall:

Time	Meal	Food/beverages
	Breakfast	Whole grain cereal, banana, almond milk OR oatmeal with banana OR
	Snacks	
12 pm	Lunch	Usually out: Vegetable sandwich on whole grain bread OR salad with salmon OR pasta OR if at work, Pret a manger, soup + sand or salad
	Snacks	
7 pm	Dinner	Veggies, chicken, fish OR Thai food (soup, papaya salad, brown rice +fish/chicken or curry or Pad Thai) Japanese - sushi OR Italian pasta + fish on it OR kale salad + chicken Or tuna sandwich (big sandwich)
	Snacks	Often has a small sweet (has a sweet tooth) small piece of dark chocolate
	Alcohol	About 4 drinks a week
	Other beverages	Water, tea, cut out diet drinks likes seltzer

Assessment of diet: Overall diet is healthy. Diet is fairly low in added sugar. Eats mainly fish and chicken + veggies. However he does love pasta and eats 2 large potions/wk. He also has cereal + fruit for B 4x/wk (high carb)Gets most of his meals take out or going out. He has cut back a bit in carbs in the past 3 yrs since learning of elevated glucose, but there is room for improvement in cutting back

Education: carb counting, detailed meal planning

Goals:

1. Use low Na tomato juice vs oj
2. Portion control of all carbs
3. Unlimited non-starchy veggies
4. Eggs for breakfast 3x/wk
5. Salad + protein for lunch 3x/wk
6. Pasta 1x/wk – get a ½ order
7. I will find pt a private chef
8. Continue exercise
9. Planned sample meals and snacks including numerous eat out/take out meals
10. Get Hb A1c retested in 3 mo
11. Have some meals without starch
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Dx: dm2, E78.9

Follow up scheduled: pt will call RD if questions arise and may schedule f/u

Martha McKittrick, RD CDE

Diabetes Chart Notes

Assessment

The client is a 77 y/o Caucasian male. The client was referred to the RD by his doctor because his HbA1c levels has been consistently 6.5 which is classified as having Type 2 DM. Client stated that he has no family history of DM. The client stated that he has been diagnosed with GI issues (diverticulosis and acid reflux) which he is currently taking medication for. The client is also taking the following medications:

Losartan/HCT 75 mg	Foltanx RF
Amlodipine 5 mg	Elysium
Protonix 20 mg	Gingerflex
Crestor 25 mg	CoQ10
Zetia 10 mg	Vit D3
Ambien 5 mg	Aspirin
Zyrtec 10 mg	Florastor

Based on the client questionnaire, the client consumes a lot of his meals outside of his home. The client stated that he does not cook very much and either orders in or goes to restaurants. The client stated that he loves pasta and tends to eat very large portions (over 1 cup). Besides pasta, the client enjoys other cuisines and tend to consume large portions of carbohydrates (sushi and Thai food). The client does meet with a personal trainer two to three times a week and walks his dog frequently. The client has limited knowledge of carbohydrate sources and was not aware that fruits contained carbohydrates. The client is open to making changes in his diet since he wants to see if his diabetes can be reversed.

Anthropometric measurements:
Ht:5'7"
Wt: 150 lbs

BMI: 23.5 (Healthy/Normal Weight)

Pertinent Lab value(s):
HbA1c: 6.5 (Diabetes)

Diagnosis

Excessive carbohydrate intake related to preference for starchy foods as evidenced by diagnosis of Type 2 DM (HbA1c 6.5).

Intervention

1. Educate the client regarding carbohydrates and carbohydrate sources.
2. Educate the client regarding low-carbohydrate options to choose when eating out.
3. Decrease pasta consumption to twice a week.
4. Educate client regarding portion control specifically with carbohydrates.

Very thorough + Accurate

Monitoring & Evaluation

1. 3-month follow up to see if diet changes lowered HbA1c levels.

Written by: Kathleen Villarino

Corrected by: _~~~~~~_   **Date:** 4/12/18

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 really wants to make changes to reverse his diabetes. He already takes enough medications and would like to make some diet changes to see if he can reverse his diagnosis through diet. The patient's environment has a big effect on how he eats since he does not cook. The patient was receptive to learning information regarding what and what not to order at restaurants.

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

The patient seemed committed to make changes and even asked the RD to find him a private chef to deliver healthier meals to his home. He has scheduled a follow-up in 3 months to determine whether or not the planned interventions are making a difference on the HbA1c levels.

Glossary of unfamiliar terms:

Gingerflex – a joint supplement containing "natural anti-inflammatories"

CoQ10 – an antioxidant that the body produces naturally. CoQ10 helps with congestive heart failure and Parkinson's Disease. However, it comes in a supplement form since CoQ10 levels decrease as people age.

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.