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Clinical Rotation  
ADIME  
Neurology Chart

**CHALLENGE YOUR LEARNING****CASE STUDY****Objectives**

This case will raise your awareness of the fact that clients with chronic disorders of the nervous system are often at risk of malnutrition as their disease progresses.

It will also help you understand the importance of quality of life for clients with degenerative disorders of the nervous system.

**Description**

Mrs. V.R. is a 49-year-old woman. She has been admitted to the neurology unit of St. Andrew's Hospital 3 days ago due to an exacerbation of her multiple sclerosis.

Mrs. V.R. is Italian. She was a dance artist who immigrated at age 20 with her husband. She taught ballet and jazz at a dance studio and performed as part of a few theatrical productions. She had a busy social life until she was diagnosed with relapsing-remitting multiple sclerosis in 1990. This gradually brought her artistic career to an end.

Furthermore, her husband left her 3 years ago and she has since been living on her own in an apartment with minimal financial resources and no family support. Mrs. V.R. has been depressed and has been blaming her disease for her recent years of misery. She finds it less painful to live in the past. She frequently spends her afternoons listening to music and daydreaming. She also likes snacking and watching television.

Prior to her hospital admission, she received regular visits from community health support services to assist her with activities of daily living. A personal support worker came in the morning to help her get in her wheelchair, clean herself, take her medications, and prepare some meals for the day. Mrs. V.R. enjoyed the company and talked about her dancing years. Mrs. V.R. is wheelchair bound, as she cannot move her legs and feet. She weighs 204 lb and measures 5'4".

At admission, Mrs. V.R. was complaining of headaches, diplopia, and hip pain. She had urinary incontinence. She looked tired and pale, and her face was puffy with edema. Her speech was slow and hard to understand. She was depressed and had poor appetite. Dysarthria, nystagmus, facial numbness, paresthesia, alopecia, and an infected pressure sore at the left hip were also noted at physical examination. Her serum albumin concentration was 2.8 g/dL (28 g/L) and serum transthyretin concentration, 10 mg/dL (100 mg/L).

The nutrition assistant who visited her at mealtime noticed that Mrs. V.R. masticated very slowly, ate very little, and coughed after drinking. She reported that Mrs. V.R.'s voice had a gurgly sound.

To make things worse, her landlord took her apartment away from her while Mrs. V.R. was at the hospital. Mrs. V.R. had mood changes and rarely remembered to pay her rent. Social workers are presently trying to sort out this situation and find Mrs. V.R. a place in a long-term care institution, where she can be transferred when she is discharged from the acute care hospital.

1. Define multiple sclerosis.
2. List the different types of multiple sclerosis, according to the rate of progression of the disease. Explain each type.
3. What are typical signs and symptoms of multiple sclerosis?
4. Do you think Mrs. V.R. has dysphagia? Justify your answer.
5. What signs and symptoms of multiple sclerosis is Mrs. V.R. experiencing?
6. What are diplopia, nystagmus, dysarthria, alopecia, and paresthesia?

## Neurology Chart Notes

### Assessment

The patient is a 49-year old Italian woman with multiple sclerosis. The patient was active both physically and socially before her MS diagnosis. The patient currently lives alone in an apartment with only minimal income and does not receive support from family and friends. The patient has been receiving regular visits from a community health support services employee to assist her with activities such as getting on her wheelchair, cleaning herself, taking medications, and preparing meals for the day. The patient has been reportedly depressed and blames her disease for her troubles. The patient is wheelchair bound since she is unable to move her hands and feet. The reported that she likes to snack while watching television.

Upon admission, the patient complained of headaches, diplopia, and hip pain. The patient also had urinary incontinence. Upon conducting a physical examination, it was found that the patient had an infected pressure sore on her left hip, dysarthria (unclear speech), nystagmus (uncontrolled movement of the eyes), facial numbness, paresthesia (burning or prickling sensation in the body), and alopecia.

At the hospital, it was observed that the patient chewed very slowly, barely ate, and coughed after drinking. It was also reported that the patient's voice had a "gurgly" sound.

Anthropometric Measurements:

Weight: 204 lbs

Height: 5'4"

BMI: 35.0 (Obesity Class II)

Lab Values:

Serum albumin 2.8 g/dL

Serum transthyretin 10 mg g/dL

### Diagnosis

Swallowing difficulty related to diagnosis of multiple sclerosis as evidenced by slow chewing, coughing after consuming liquids, and voice having a "gurgly" sound.

### Intervention

1. Coordinate with Speech Pathologist to conduct a swallowing evaluation.
2. Prescribe the patient with a pureed diet (nectar thick consistency).

### Monitoring & Evaluation

1. Observe patient's plate after each meal.

## 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?

N/A

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

N/A

## Glossary of unfamiliar terms:

**Diplopia** – double vision

**Dysarthria** – unclear speech

**Nystagmus** – repetitive or uncontrolled movement of the eyes

**Paresthesia** – burning or prickling sensation on different parts of the body

## 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.