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Case Introduction and Medical Documentation

Roberto Garcia is a Hispanic forty six year old male. His only exercise is on occasional weekends when he plays basketball, football, or softball with his children. The client works as a CPA and owns his own accounting firm where he works on average of 50 to 60 hours per week.

Mr. Garcia has experienced gradual weight gain over the past 5 to 10 years. Five years ago, he was diagnosed with Type 2 Diabetes Mellitus. He manages his diabetes with diet and medication. He has a family history of heart disease. Most recently Mr. Garcia has been increasingly experiencing shortness of breath. He was seen by his primary physician and referred to a Cardiologist for evaluation. During the past weekend, he was particularly lethargic and found himself frequently out of breath. His wife became concerned and insisted he go to the emergency room, where he was admitted to the community hospital for a complete evaluation. Upon admission, it was suspected that he might be experiencing cardiac abnormalities. The Cardiologist requested a series of laboratory tests, and placed him in the Cardiac Care Unit (CCU) for close monitoring and observation.

Mr. Garcia was screened during the initial admission assessment by the nurse within 24-hours of admission to the hospital. The outcome of the admission assessment prompted a referral to nutrition services and the diet technician completed a nutrition screen which identified the need for a comprehensive assessment by the hospital dietician.

The dietician visited the client in CCU two days after his admission to the hospital. The dietician prepared for the initial interview by reviewing the client's medical record.

The medical forms found in Mr. Garcia's medical record are provided in the course library. [Click here](#) to review the forms for nutrition assessment information.

- Nursing Admission Assessment
- Physician Orders

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OTTSVILLE COMMUNITY HOSPITAL

PATIENT NAME: **Garcia, Roberto**

PHYSICIAN PROGRESS NOTES

Date	Time	
1/20/05	12:30 pm	
		S/: Pt C/O CP, - SOB& chest tightness
		O/: Vital signs stable
		Lung: clear
		Heart: RRR, - murmurs, rubs or gallops
		Abd: Soft NT Obese
		Ext: mild edema
		Labs pending CBC, SMAC, isoenzymes
		cTnT, and cTnI
		PMH: Type 2 DM, Obesity

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3. Based on the nutritional assessment, how many calories consumed in a day should Mr. Garcia target to achieve weight loss of 1/2 to 1 pound per week?

- 1800 Calories **incorrect**
- 2000 Calories
- 2200 Calories
- 2400 Calories

The total estimated energy expenditure (TEE) requirements for Mr. Garcia is approximately 2500 kilocalories/day. This is based on using the Mifflin-S Jeor equation with an activity factor of 1.3 (for sedentary activity level) ([Mifflin et al 1990](#)) ([Indirect Calorimetry Evidence Analysis Project in ADA Evidence Based Library 2005.](#))

Subtracting 500 calories/day from TEE could achieve gradual weight loss of .5 to 1 lb/week. Other methods used to approximate energy requirements closely correspond with this recommendation (e.g., 20 kcal/lb x actual weight for obese persons) ([Franz et al 2002.](#))
Performance Task Assessed: 3.4

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Score by Knowledge Domain	Related Resources
Nutrition Assessment	7%
Data Collection & Data Sources	0%
1.1 Determines and selects data sources and tools used to evaluate nutrition status (Part 1: q4, q6)	0% Amer Diabetes Assoc, Tests of glycemia, Diabetes Care 2004 ADA NCM 2004
1.2 Selects data relevant to nutrition care (Part 1: q10; Part 2: q1, q7; Part 6: q8)	0% Diabetes Mellitus, ADA NCM 2004 Laboratory in MI, ADA NCM 2004 Rosal 2001 NIH, NHLBI and NAASO 2000 Initial Session for Individual Counseling, DM, ADA NCM 2004
Data Evaluation	11%
1.3 Evaluates relevant anthropometric, biochemical measurements, physical and clinical conditions (Part 1: q1, q2, q3, q5, q9)	20% NIH, NHLBI and NAASO 2000 Fischback 2004 Laboratory in MI, ADA NCM 2004 Pagana 2005 Diagnostic Test in DM, ADA NCM 2004