

KNH 406 Nutrition Care Process

AJ is a 55-year-old male who works in sales. He has just returned from an annual health physical with his primary care physician. Following the usual exam, the physician initiated a referral to the health care system's outpatient dietitian. Below is pertinent assessment data that the dietitian obtained from both the patient chart and interview.

Nutrition Assessment:

Past medical and family history: positive family history for premature heart disease; recent BP reading of 140/80

Lab data: LDL 130mg/dl TG 200 mg/dl, TC 200mg/dl

Anthropometric data: 5'8" 185# BMI 28.3 kg/m²

Physical activity: little to no exercise, states he is too busy at work, travels weekly by car and occasionally on plane for business, always takes the elevator to his fourth floor office and parks in the closest parking lot

Diet history:

Average kcal intake = 3200kcal

Adjusted body weight 161# (to calculate estimated needs)

Estimated needs 2155 Kcal using Mifflin-St. Jeor formula and an activity factor of 1.4

Diet reveals saturated fat 10% of total kcal (36 grams)

Sodium intake = 3500-4500mg

Nutrition Diagnosis

P: Excessive energy intake

E: Daily intake of ↑ calorie items

S: Average caloric intake @ 150% in excess of estimated needs

P: Excessive saturated fat intake

E: Daily intake ↑ saturated foods

S: Saturated fat intake @ 10% of total Kcal

P: Excessive Sodium intake

E: Daily consumption ↑ salt products

S: Typical Sodium intake 3500-4500mg

P: Physical inactivity

E: Client perception of being too busy

S: Little to no regular exercise and very sedentary lifestyle

P: Overweight

E: Excessive caloric intake and physical inactivity

S: BMI 28.3 kg/m²

Nutrition Intervention

Goals

1. Average daily caloric intake will be no more than 110% of estimated needs 2200 kcal, a reduction of 1000 kcal
2. Saturated fat intake will be 7% or less of total kcal
3. Average daily sodium intake will be at or under 2400mg
4. Daily physical activity will increase by 2000 steps weekly to a goal 10,000/day
5. Weight loss over time will average 1-2 pounds per week

Implementation

1. Assist client in making alternative food choices to lower total fat and saturated fat.
2. Assist client in making alternative food choices to lower daily intake of sodium.
3. Assist client in increasing physical activity daily.

Nutrition Monitoring and Evaluation

Monitor progress

Measure outcome

Direct nutrition outcomes — ↓ caloric intake, ↓ Saturated fat intake, ↓ Sodium intake, ↑ physical activity

Clinical and health outcomes — ↓ blood pressure, ↓ LDL, ↓ BMI

Evaluate outcome

Baseline data will be compared to changes in above outcome data and tracked over time. Progress will be discussed with client and any problems will be addressed and used to modify intervention.

A: 55 yo ♂ referred to P.D. after annual physical
w/ MD Family hx: positive family hx premature heart dz
Labs: LDL 130 mg/dl, TG 200 mg/dl TC 200 mg/dl
BP 140/80 ↑
Anthropometric data: 5'8" wt: 185# BMI 28.3 kg/m²
Physical Activity: little to no exercise adjusted BW: 161#
Diet hx: average daily intake ~ 3200 kcal, 10% saturated fat
Estimated needs: ~ 2155 kcal/day

D: Excessive energy intake related to ↑ kcal intake as
evidence by average caloric intake 150% in excess of estimated needs
Excessive saturated fat intake related to daily intake ↑ saturated
fat food items as evidence by saturated fat intake @ 10% of
total kcal
Excessive sodium intake related to consumption ↑ salt foods as
evidence by typical sodium intake 3500-4500 mg/day
Physical inactivity related to client being too busy
as evidence by little to no physical activity
Overweight related to

IM: Instruct client on 2200 calorie 7% or less
saturated fat, 2400mg sodium diet and increase
activity to walking $\geq 10,000$ steps/day gradually
increasing by 2,000 steps/wk.

m/E: Monitor pt compliance w/ regimen:
✓ food journal - kcal, ^{total fat} fat, sodium intake
✓ BP, LDL, BMI
✓ Physical activity journal
Compare data from baseline to clinic
visits.

