

Case Study

Present illness: Mrs. M is a 62 yo homemaker who has had constipation off and on for most of her adult life. She recently has had episodes of cramping LLQ pain. No fever. No weight loss.

CC: Rectal bleeding and bright red blood in bowel movements x 4 d.

Colonoscopy reveals numerous diverticula and evidence of inflammation and bleeding from diverticula in descending colon.

Dx: Diverticulitis with GI bleed

Anthropometrics: Height 5', Weight 110#

Labs: Albumin 3.3 g/dL
Hgb 11 g/dL
Hct 34%
Ferritin 50 µg/L
WBC 12,000/mm³

Meds: Pt to begin ciprofloxacin BID x 14 d.

Diet: Clear liquids, ADAT upon recommendations of RD. Nutrition consult ordered.

1. How does diverticulitis differ from diverticulosis? **(2 point)**

Diverticulosis is the asymptomatic occurrence of sac-like herniations on the colon wall. In some cases, diverticulosis can progress to the painful, inflammatory condition known as diverticulitis. Diverticulitis can include abscesses, bleeding, obstruction, and/or infection of the diverticulae on the colon wall. (pg 377 NTP)

2. What dietary progression would you recommend for Mrs. M over the next 1-2 weeks? **(2 points)**

This patient will likely need to begin with bowel rest and progress to clear liquids (water, fruit juice, broth, ice pops) after NPO. Start with a soft, low residue diet as tolerated. Easily digestible foods like bananas, rice, applesauce, and white toast or crackers are good suggestions for easily tolerated foods with gastroenteritis. Once the inflammation subsides slowly reintroduce a regular diet, with an emphasis on increasing fluid and fiber intake

Evaluate Mrs. M's usual dietary intake and answer questions 3-7 according to the nutritional guidelines for management of **diverticulosis**.

Breakfast: 2 slices white toast with butter and jam; 1 fried egg; black coffee

Lunch: 1 cup soup or ½ sandwich; sometimes leftovers from previous day; soda

Dinner: 3 oz. beef, pork, or poultry; ¾ cup steamed vegetables; 1 cup noodles or potatoes; water

PM snack: 1 slice pound cake with 1 scoop vanilla ice cream; black coffee

3. What is the recommended daily fiber intake for adults? **(1 point)**

25-35g

4. Approximately how many grams of fiber does Mrs. M consume on a typical day? **(1 point)**

At most about 10 grams but likely less.

5. List **four** good sources of dietary fiber that would be appropriate for Mrs. M, and give the fiber content in a usual serving of each. **(4 points)**

1. *Fresh fruit – raspberries (8 g/cup), apple with skin(4.4g/cup), pears w/skin (5.5g/cup)*
2. *Whole grain bread (1.9g/slice) and pasta products (6.3g/cup cooked)*
3. *Beans/legumes- split peas (16.3g/cup cooked), lentils (15.6g/cup cooked), black beans (15 g/cup cooked)*
4. *Vegetables – artichokes (10.3g/1 medium), green peas (8.8g/cup), broccoli (5.1g/cup)*

Source: <http://www.mayoclinic.org/high-fiber-foods/art-20050948>

6. What are **two** key micronutrients that appear to be limited in Mrs. M's usual diet and list a food source for each? **(4 points)**

Vitamin C (important for wound healing, immune and epithelial function) – Add an orange or other citrus whole fruit to breakfast

Vitamin A (also important for wound healing, immune and epithelial function) – Add a fiber containing vitamin A vegetable like yams or carrots.

7. Give **three** important MNT goals that you would recommend as part of a long-term nutrition care plan for Mrs. M. **(3 points)**

- 1) *Reduce caffeine intake. Consider switching to tea or decaf coffee.*
- 2) *Increase physical activity as inactivity can contribute to diverticulosis*
- 3) *Increase daily fluid and fiber intake. Consider a fiber supplement if pt finds it difficult to reach goals with high fiber foods.*

8. Write 2 appropriate PES statements for the patient's nutrition problems. **(3 points)**

Inadequate fiber intake r/t regularly eating foods low in fiber AEB usual dietary intake

Inadequate fluid intake r/t not consuming water or many beverages throughout the day besides 2 c coffee AEB pt report in usual dietary intake