

## Content for Hypertension (HPT)

List of abbreviation

HPT	Hypertension
Ass	Nutrition Assessment
Dx	Nutrition Diagnosis
Intvn	Nutrition Intervention
M&E	Nutrition Monitoring and Evaluation
antrop	Anthropometry
biochem	Biochemical
diet	Dietary
ER	Energy Requirement
MNT	Medical Nutritional Therapy
Mx	Management
FL	Food List

FTT\_Ass

FTT\_Ass\_1.1: Figure (Birth weight)

FTT\_Ass\_1.2: Figure (Compilation of CDC Growth Chart)

FTT\_Ass\_1.3: Figure (Compilation of WHO Growth Chart)

FTT\_Ass\_1.4: Figure (Corrected gestational age for preterm infants)




FTT\_Ass\_1.5: Link <https://www.lifeexpectancy.org/articles/GrowthCharts/All.pdf>

FTT\_Ass\_1.6: Figure (Clinical: Pediatric Nutrition-oriented medical history)


FTT\_Ass\_1.7: Figure (Clinical: Pediatric Nutrition-focused physical examinations findings)

HPT\_Ass




1. hpt antrop





- Figure (BMI , BMI elderly )
- Figure (waist circumference )


2. hpt biochem

- Figure (renal profile )

3. hpt clinical

- Figure (blood pressure from CPG )
- Pulse rate 
- Edema 

4. hpt diet
  - Figure (ER formula  - Aqmal)
  - Protein requirement (PR formula  - Faqiq pocket book)
  - Fluid requirement (  - quick reference)
  - Food checklist (  -high sodium food checklist)

HPT\_Dx\_1 (  )

- **Excessive mineral intake (sodium) (NI-5.10.10736)**  
.... R/T food- and nutrition-related knowledge deficit concerning an appropriate amount carbohydrate consumed AEB 24-hour diet recall of simple sugar @ 21% from TEI exceeding 105 of the recommendation.
- **Excessive fat intake (NI-5.6.2)**  
.... R/T
- **Overweight/obesity (NC-3.3)**  
.... R/T physiological causes requiring modified carbohydrate intake-gestational diabetes mellitus AEB food frequency checklist of high sugary food and beverages.

Problem	Etiology	Statement
Excessive mineral intake (sodium) (NI-5.10.10736)		
Excessive fat intake (NI-5.6.2)	<ul style="list-style-type: none"> <li>• Food and nutrition related knowledge deficit concerning appropriate (amount/portion size/type)</li> <li>• Lack of behavior change</li> </ul>	<ul style="list-style-type: none"> <li>• Biochemical (total cholesterol/LDL cholesterol/HDL cholesterol/Tg)</li> <li>• Nutrition Focused Physical Findings (diarrhea, cramping, steatorrhea)</li> </ul>
Overweight/obesity (NC-3.3)		

HPT\_Intvn\_3.1: Figure (Energy Requirement Formula)  
 HPT\_Intvn\_3.2: Figure (Protein Requirement Formula)  
 HPT\_Intvn\_3.3: Figure (Fluid Requirement Formula)  
 HPT\_Intvn\_3.4: Figure (Food Checklist for FTT)  
 HPT\_Intvn\_3.5: Figure (FTT MNT)

#### Objective :

To achieve good glycaemic control within normal range

- Appropriate mealtime
- Strict synchronize mealtime if on insulin
- Portion size control
- Limit the simple sugar intake
- Small and frequent meal
- Hypoglycaemia Mx
- Adequate fibre intake

#### Objective:

To promote a healthy wt. gain during pregnancy

- Adequate energy and protein intake

- Promote suitable exercise FIT

HPT\_M&E\_4.1: Figure Monitoring and Evaluation 

1. Anthropometry (weight changes)
2. Biochemical (RP)
3. Clinical (blood pressure, medication compliance)
4. Dietary (dietary compliance)
5. Exercise (adhere to recommendation of minimum physical activity)