SUBJECTIVE:, This is a 38-year-old female who comes for dietary consultation for gestational diabetes. Patient reports that she is scared to eat because of its impact on her blood sugars. She is actually trying not to eat while she is working third shift at Wal-Mart. Historically however, she likes to eat out with a high frequency. She enjoys eating rice as part of her meals. She is complaining of feeling fatigued and tired all the time because she works from 10 p.m. to 7 a.m. at Wal-Mart and has young children at home. She sleeps two to four hours at a time throughout the day. She has been testing for ketones first thing in the morning when she gets home from work.,OBJECTIVE:, Today's weight: 155.5 pounds. Weight from 10/07/04 was 156.7 pounds. A diet history was obtained. Blood sugar records for the last three days reveal the following: fasting blood sugars 83, 84, 87, 77; two-hour postprandial breakfast 116, 107, 97; pre-lunch 85, 108, 77; two-hour postprandial lunch 86, 131, 100; pre-supper 78, 91, 100; two-hour postprandial supper 125, 121, 161; bedtime 104, 90 and 88. I instructed the patient on dietary guidelines for gestational diabetes. The Lily Guide for Meal Planning was provided and reviewed. Additional information on gestational diabetes was applied. A sample 2000-calorie meal plan was provided with a carbohydrate budget established.,ASSESSMENT:, Patient's basal energy expenditure adjusted for obesity is estimated at 1336 calories a day. Her total calorie requirements, including a physical activity factor as well as additional calories for pregnancy, totals to 2036 calories per day. Her diet history reveals that

she has somewhat irregular eating patterns. In the last 24 hours when she was working at Wal-Mart, she ate at 5 a.m. but did not eat anything prior to that since starting work at 10 p.m. We discussed the need for small frequent eating. We identified carbohydrate as the food source that contributes to the blood glucose response. We identified carbohydrate sources in the food supply, recognizing that they are all good for her. The only carbohydrates she was asked to entirely avoid would be the concentrated forms of refined sugars. In regard to use of her traditional foods of rice, I pulled out a one-third cup measuring cup to identify a 15-gram equivalent of rice. We discussed the need for moderating the portion of carbohydrates consumed at one given time. Emphasis was placed at eating with a high frequency with a goal of eating every two to four hours over the course of the day when she is awake. Her weight loss was discouraged. Patient was encouraged to eat more generously but with attention to the amount of carbohydrates consumed at a time.,PLAN:, The meal plan provided has a carbohydrate content that represents 40 percent of a 2000-calorie meal plan. The meal plan was devised to distribute her carbohydrates more evenly throughout the day. The meal plan was meant to reflect an example for her eating, while the patient was encouraged to eat according to appetite and not to go without eating for long periods of time. The meal plan is as follows: breakfast 2 carbohydrate servings, snack 1 carbohydrate serving, lunch 2-3 carbohydrate servings, snack 1 carbohydrate serving, dinner 2-3 carbohydrate servings, bedtime snack 1-2

carbohydrate servings. Recommend patient include a solid protein with each of her meals as well as with her snack that occurs before going to sleep. Encouraged adequate rest. Also recommend adequate calories to sustain weight gain of one-half to one pound per week. If the meal plan reflected does not support slow gradual weight gain, then we will need to add more foods accordingly. This was a one-hour consultation. I provided my name and number should additional needs arise.