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1. **Dysphagia**- is a disruption of a normal swallowing process. The RD and other health professionals such as speech pathologist, nurse, physician, swallow risks with other health professionals' screens for impaired chew and swallowing risks. Signs and symptoms of risk for dysphagia: poorly fitting dentures, missing dentures; or limited dentition; slow eating process; poor appetite and limited intake; reported swallow or chewing difficulty; recent or history of choking incidents; complaints of food getting stuck in throat.

Dysphagia can lead to aspiration pneumonia; dehydration; depression; pneumonia; decreased rehabilitation potential; inadequate oral intake; unintended weight loss; and malnutrition.

Through use of texture modified diets, swallow strategies, improvement with oral intake, strength, and swallow ability is often accomplished.

Consistency and Thickeners recommended for patients who have dysphagia: Thin : regular liquids; Nectar: falls slowly from spoon and can be sipped through a straw or from a cup; Honey: drops from spoon but too thick to be sipped from a straw; Spoon: maintain shape needs to be taken with a spoon. Commercial thickeners: use for hot and cold foods. Follow manufacturer instructions to achieve consistency. Also, we can add energy from CHO such as: pureed vegetables; or fruits; sauces, gravies. Starches: tapioca; baby rice cereal, potato flakes; need to be cooked into the foods to which it is added. Powered skim milk: can be added to cream soups or milkshakes.

Alzheimer's Disease: have a wide range of symptoms such as loss of memory.

Cognitive reasoning; awareness of environment; judgement and or abstract thinking as well as loss of the ability to perform usual tasks such as self-care. Age is the most important risk factor for Alzheimer's disease; the number of people with this disease doubles every five years beyond age 65. People with Dementia have problems: abnormal senses of smell and taste: loss of memory; forgetting to eat; chewing and swallowing problems; significant change in body weight; consumption of nonfood items; behavior changes including movement patterns.

Nutrition intervention: provide texture as tolerated to the patient's clients needs.; provide low stress environment; develop a routine that can be sustained over time-person assisting, time, place. The speech pathologist needs to be involved as needed for repetitive chewing; pocketing

foods; and other signs of dysphagia. Monitor weight and intake; provide high energy, nutrient dense foods and fluids; prevent dehydration; provide adaptive eating devices as needed; review for excessive ambulation wandering requiring additional calories; supplements.

Anemia – iron helps carry oxygen throughout our body and if we aren't eating adequate iron rich foods in our diet, we may feel tired. The amount of iron we need each day is measured in mg. Men need 8 mg of iron per day; women need 18 mg iron per day and older women ages 51 and older need 8 mg iron per day; if pregnant we need 27 mg and 9 mg if breastfeeding. Foods to eat : iron from meat, fish, and poultry is better absorbed than iron from plants; include foods high in vitamin C such as citrus juice and fruits, melons; dark green leafy vegetables; potatoes with your meal; eat enriched or fortified grain products; enriched or fortified grain products; limit coffee and tea at meal times so as not to decrease iron absorption.

Throat cancer- achieving adequate nutritional status in people with cancer means getting enough calories and protein to prevent weight loss; regain strength and rebuild healthy tissues. The important nutrients are protein; CHO and fat; vitamins and minerals; nutritional considerations. Protein helps repair body tissue and maintain a healthy immune system; cancer patients need additional protein, especially following surgery, chemotherapy; and radiation therapy; good sources of protein include lean meat; fish, poultry; dairy products, nuts, beans and soy. Vitamins and minerals help supply the body with the bulk of calories it needs; good sources of CHO include fruits, vegetables, WG, pasta, cereals, beans, and peas. Good source of fat such as: olive oils, nuts seeds. Throat cancer can change eating ability and nutrition status from the side effects of surgery, radiation and chemotherapy. Other considerations: **dry mouth** (increase fluids; minimize amounts frequency of cariogenic foods; modify food consistency; limit spicy or hot foods; suck on sugar free mints/ candies.; sore mouth and throat(increase fluids; modify food consistency; avoid citrus spicy and seasoned foods; choose lukewarm or cool foods and avoid hot or cold foods. **Taste change**(use plastic utensils, seasoned foods with tart flavors such as citrus fruit; flavor foods with onion garlic; barbeque sauce; and other seasonings; add sugar to improve the flavor of salty foods; add salt to decrease the sweetness of sugary foods; serve foods cold or at room temperature. **Difficulty chewing**, (modify diet consistency as tolerated; try soft or pureed foods; moisten dry items such as meat,

cereal or crackers. Nausea and vomiting and poor appetite- eat 6 small meals per day; eat dry foods, avoid foods with strong odor; avoid foods that are overly sweet, greasy, fried, spicy; eat cool foods instead of hot, spicy foods; sip clear liquids frequently to prevent dehydration; suck on sugar free mints/candies. Poor appetite- eat small meals or snacks every 1-2 hours; avoid liquids with meals; keep high calorie, high protein snacks on hand.

Type 2 Diabetes- the etiology of type 2 diabetes is hereditary and is influenced by environmental and lifestyle factors. A decrease in beta cell function leads to a decrease in insulin production, insulin deficiency and ultimately insulin deficiency. Insulin is the hormone required for glucose transport into cells. Diagnosis of diabetes is based on one of three blood tests, including fasting blood glucose levels are tested when an individual has not ingested any food or drink for 12 hours prior; an OGTT tests postprandial blood glucose levels 2 after a standard load of 75 g of glucose is ingested; HbA1C is a blood test that tells us the average blood glucose for the prior 3 months.

Counting CHO servings may help control blood sugar; balance between the CHO we eat, and insulin determines what the blood sugar level will be after eating; CHO counting could also help plan our meals. Foods with CHO include breads; crackers; cereals; pasta; rice; grains; starchy vegetables; beans, legumes; milk, soymilk; yogurt; fruits; fruit juices; sweets, such as cakes, cookies; ice cream; jam and jelly. In diabetes meal planning, 1 serving of a food with CHO has about 15 grams of carbs. It is helpful to check serving sizes with measuring cups and spoons or a food scale. Eating foods that have fiber, such as WG and having very few salty foods is for us. Eating 4 to 6 ounces of meat or other protein foods each day. Choose low fat sources of protein, such as lean beef, lean pork, chicken, fish, low fat cheese, or vegetarian foods such as soy. Limit consumption of saturated fats and trans fats.

1. We have 81 years who is married and retired from working on an assembly line. He used to smoke 2 pack for 25 years He quit smoking 30 years ago. He uses home oxygen for about a year. old male who was admitted on 1.26.2010 for Effusion, esophageal. The patient has a history of significant coronary disease status post bypass; has had history of depression; HTN; T2D; radical dissection of the neck. According to the patient, most of his medical problems have been within the last year. Last year in December the patient was admitted to the hospital for having several weeks of worsening shortness of breath. The patient had Thoracoscopy with video assisted thoracoscopy with possible biopsy on 1.25.2010. The patient was thought to have a very large right pleural effusion and underwent thoracentesis ultrasound guided which removed 1.5 L. Then he was evaluated by two doctors and it was thought the patient had more pulmonary issues and was sent to have bronchoscopy which washing was negative for any malignancy and the cytology from the fluid, also came back negative. Unfortunately,

there is certain recurrence of that fluid, so the patient has been referred to see a doctor who is going to do a VATS procedure for evaluating his pleural space and most likely drainage, pleurodesis of the fluid. EKG performed on December 17, 2019 showed atrial fibrillation with a controlled rate at 69. Labs results for H&H was 12.6 and 38 on December 23, Platelet count was 124. Patient most recent protime INR was January 4 was 14 and 1.19, chemistries showing a mildly elevated BUN and Creatinine 29 and 1.2 Edema in the lower extremities, some arthritic changes in his hands.

On January 25 th 2010 patient underwent Gastrointestinal endoscopy procedure, biopsy: and removal of foreign body. The doctor believes the patient has Achalasia of the cardia with a markedly dilated sigmoid esophagus filled up with food and pills. Duodenal ulcer.

On January 23 th 2010 the patient had a RAD/ESOPHGRAM procedure. The results: 1. mild dilation of the esophagus but no persistent intraluminal defect or extrinsic compression of the esophagus. 2. Mild aspiration of barium.

On January 23, 2010, patient also had a CAT/CHEST/ THORAX WITHOUT CONTRA. Findings: scattered lymphadenopathy measuring 10mm in the short axis with some of the lymph nodes mildly increased in size. Multiple other precranial and subcarinal lymph nodes are seen; there is a small pericardial effusion. The results: 3.1cm fluid density in the azygoesophageal recess, likely related to a loculated component of pleural effusion. There is residual right pleural effusion with large loculated component in the major fissure. Improved aeration of the right lower lobe; minimal increased lucency subpleural location may represent focal bulla or cavitation from prior infection. 2. Small left basilar pleural effusion. 3. Mediastinal lymphadenopathy nonspecific and stable to mildly increased likely reactive. Attention and follow up.

On January 21, 2010 patient had a RAD/CHEST done. Results: trachea is nondisplaced; the heart is enlarged but unchanged. There is moderate chronic elevation of the right hemidiaphragm. There is what appears to be a right pleural effusion but a possible mass in the right midlung posteriorly and a chest CT is recommended.

January 15th, 2010- Pleural Effusion diagnosis and SOB. Patient doesn't complain of having pain when swallowing. Patient will be assessed to determine safest PO diet. Observations/impressions: patient presented with esophageal dysphagia at bedside.

On 7/6 patient had a ST Dysphagia assessment- patient stated that he cannot eat because he is getting regurgitation. It was observed that he had large emesis of PO material. Patient stated that he can feel it come back up. Following emesis, observed coughing and throat clearing. Patient had surgical resection of portions of oral cavity and tongue 30 years ago. Observed multiple sips of ginger ale via straw. Slightly reduced control observed on thin via straw. Laryngeal elevation mildly reduced. Was recommended no straws. ST recommended GI consult for possible esophageal

dysphagia. Possibility of aspiration on emesis leading to current admitting diagnosis. It was also recommended to the patient to continue diet as able/ per MD recommendations.

4. The patient is on Clear liquid diet, honey thick liquid. He is also on diabetic diet, NAS. Patient was not in a nursing home. As a supplement patient receives Glucerna TID.

5. Patient is 80 y/o, male, height 6 feet 1 inch; weight 216 lbs. BEE- 1414+940-541=1800 x1.3 A. Level=2340; Fluid needs: 2454.5; Protein: 117

BMI- 28.5; UBW-244lbs IBW: 158-194. Stress level

6. Patient has a, pressure ulcer and laceration. Increased protein needs to 1.2 g/kg

7. Patient is on Antacid suspension for GI upset; Tylenol; Milk of Magnesia suspension; Nitroglycerin; Novolin; Actos; Bethanechol; Cerefolin; Combivent inhaler; Diltiazem; Furosemide; Glimepiride; Januvia; Lexapro; Metoprolol; Simvastatin; Warfarin.

Furosemide can cause the body to lose vitamin K, vit B1, Ca, and Folic Acid. Increase amounts of vitamin K rich foods such as bananas, raisins, prunes, orange juice. The patient could lose weight.

Diltiazem- could cause kidney disease; liver disease; CHF, and unexplained weight gain.

Glimepiride- causes intense hunger; Unusual/sudden weight gain

Lexapro- causes loss of appetite; constipation; weight change

Metoprolol- gas; bloating

Simvastatin- avoid grapefruit juice

Warfarin- loss of appetite; unusual/ easy bruising; avoid eating large amounts of certain foods such as kale; spinach; brussels sprouts; collards. Vitamin K counteracts how Warfarin works. Eat vitamin K foods such as asparagus; cucumber; parsley; grapes; kiwi etc.

Actos- causes weight gain; anemia; CHF; liver disease.