

Recorder: Janeza Bridges

Date: 2/5/21

N302L Case Studies

Nutrition Care Process (NCP): Albumin

Nutrition Assessment

- ☐ **Diagnosis:** Bladder Cancer
- ☐ **Nutrition-related PMH, treatments, surgeries:** Chemotherapy
- ☐ **Age, gender:** 55, Female
- ☐ **Dietary intake:** PO, Loss of appetite
- ☐ **Knowledge, readiness for change:** Loss of appetite
- ☐ **Functional/behavioral factors:** Nausea, Vomiting
- ☐ **Symptoms:** Nausea, Vomiting, Unintentional weight loss
- ☐ **Anthropometric measurements**
 - ☐ **Ht/wt:** 65in /165cm and 112# / 50.8kg
 - ☐ **BMI=** 18.6 kg/m² (Normal)
 - ☐ **IBW=** 125#, 56.7 kg **%IBW =** 89.6% (Mild underweight)
 - ☐ **UBW =** 123#, 55.8 kg **%UBW =** 91.2% (Mild underweight)
 - ☐ **% Weight change =** 8.8% (Mild underweight)
- ☐ **Energy, protein and fluid needs**
 - **Total Energy=** 1996 - 2303 kcal/day
 - Used Harris-Benedict formula to determine REE, then multiplied by AF of 1.3 and IF of 1.3 - 1.5
 - **Protein=** 51 - 64 g/d
 - Used 1.0 - 1.25 g/kg based on tumor stress factor
 - **Fluid=** 1.78 L/day
 - Used 35 mL/kg/day

Labs:

- Albumin = 2.8 g/dL, Low (<3.5 g/dL)
- Total Protein = 5.5 g/dL, Low (<6.0 g/dL)

Nutrition Diagnosis

Inadequate protein intake R/T loss of appetite related to chemotherapy AEB weight loss of 8/8%, low albumin (2.8 g/dL), low protein (5.5 g/dL), 89.6% IBW, 91.2% UBW, nausea/vomiting

Nutrition Intervention

Food and/or Nutrient Delivery

1. Meals and Snacks
 - a. High protein foods - examples include beans/legumes, meats, eggs, whole grains

- b. Eating more frequently - small frequent meals, supplement protein drink

2. Nutrition-Related Medication Management

- a. Anti-nausea medication, appetite stimulant

Goals:

1. Gain 1-2# per week until she reaches her UBW or IBW
2. Increase serum albumin and total protein to normal ranges within 3-4 weeks
3. Increase total protein consumption to 51 - 64 g/day immediately
4. Increase total kcal consumption to 1996 - 2300 kcal/day within 1-2 weeks

Nutrition Monitoring and Evaluation

1. Follow up phone call within 1 week
 2. Re-assess weight at next visit or ask patient to keep a weight log
 3. Re-assess serum albumin and total protein in 4 weeks
 4. Ask her to bring a 3-day food record to her next visit to assess calorie and protein intake
 5. If things don't change, consult with physician to determine if she needs TPN
-

Janeza Bridges

2/5/2021

Signature

Date