

## **Additional Information for Dietetics:**

### **Dietetics:**

BA denies any GI complaints, changes in appetite or recent weight changes. She reports she has been eating  $\geq 75\%$  of meals since day 1. She notes it is taking more time to eat, but denies coughing with meals or swallowing difficulty.

Through a dietary interview, you learn that BA prepares most of her food at home for herself. She only gets to the grocery store every 2 weeks because she cannot drive herself, so she relies on canned goods and shelf-stable foods. She gets some of these foods from her church's food pantry (usually once a month).

She reports a typical day of eating looks like this:

#### **Breakfast (home):**

1 cup of oatmeal cooked w/ water, with 1 T. butter and 2 T. brown sugar added; 1 cup coffee with 1 t. sugar; white toast with 1 T. grape jelly

Lunch (home): Butter cookies, 2 each; 2 cups chicken and rice soup; 6 saltine crackers; 1 oz cheddar cheese; 1 slice white bread; 2 cups iced tea w/ 1 t. sugar

#### **Dinner (home):**

Grilled cheese sandwich (2 slices white bread, 2 slices American cheese, 2 t. margarine); 2 butter cookies; 1 cup cinnamon applesauce; 8 ounces water

#### **Snack (home):**

1 cup Neapolitan ice cream

#### **Discussion Questions:**

1. What diet do you recommend BA be following in the hospital as well as for discharge?
2. What social issues does the patient have that might influence her ability to make dietary changes? What recommendations do you have, and who should you discuss your concerns with to coordinate services?
3. What physical limitations does this patient have that might influence her ability to prepare meals and shop for groceries? Who might you discuss these concerns with in order to coordinate care?
4. How will you approach diet education with this patient?

