1. Please be concise and use only the space provided.
2. Please cite sources as necessary.
3. You may use your textbook, the pocket resource, and drugs.com

Present illness: Mr. G is a 71 yo retired computer engineer who has had constipation off and on for most of her adult life. She recently has had episodes of cramping LLQ pain. No fever. No weight loss.

CC: Rectal bleeding and bright red blood in bowel movements x 4 d.

Colonoscopy reveals numerous diverticula and evidence of inflammation and bleeding from diverticula in descending colon.

Dx: Diverticulitis with GI bleed

Anthropometrics: Height 5’9, Weight 180#

Labs: Albumin 3.2 g/dL
     Hgb 10 g/dL
     Hct 33%
     Ferritin 49 μg/L
     WBC 12,000/mm³

Meds: Pt to begin ciprofloxacin BID x 14 d.

Diet: Clear liquids, ADAT upon recommendations of RD. Nutrition consults ordered.

1. How does diverticulitis differ from diverticulosis? (2 points)

Diverticulosis is the condition involving the formation of pouches (diverticular) along the surface of the intestines, with no presence of physical symptoms. Diverticulitis is the infection and inflammation of these diverticular. A person diagnosed with diverticulosis will have the abnormal presence of pouches on the small intestine or colon surface. The cause of diverticulosis is related to low fiber intake and history of chronic constipation and it is asymptomatic. Diverticulitis is the acute inflammation of the diverticula. Food and bacteria can become trapped in the diverticula, which can cause the mucosa to be infected. If more complications of diverticulitis occur, it can cause bleeding, abscess, obstruction, fistula or perforation.

Source: (NTP, p.422)

2. What dietary progression would you recommend for Mr. G over the next 1-2 weeks? (2 points)

Over the next 1-2 weeks, I would recommend that Mr. G start a clear liquid diet to let the bowel to rest. Making sure adequate hydration intake, which is very important for patient with diverticulosis. Therefore he can drink some soup, water, and fruit juices. When he starts to get better, Mr. G’s can eat some soft, low residue diet until he returns back to having diverticulosis. If the diverticulitis returns to diverticulosis within the 2 weeks, then the patient can move onto a high-fiber diet with lots of fluids.

Source: (NTP, p.423)
Evaluate Mr. G’s usual dietary intake and answer questions 3-7 according to the nutritional guidelines for management of diverticulosis.

Breakfast: 2 slices white toast with butter and jam; 1 fried egg; black coffee
Lunch: 1 cup soup or ½ sandwich; sometimes leftovers from previous day; soda
Dinner: 3 oz. beef, pork, or poultry; ¾ cup steamed vegetables; 1 cup noodles or potatoes; water
PM snack: 1 slice pound cake with 1 scoop vanilla ice cream; black coffee

3. What is the RDA for fiber intake for adults? How much fiber is recommended for a patient with diverticulosis? (1 point)
The recommended daily fiber intake is 25-35g/day for regular adults and 6-10grams on top of the 25-35grams per day for adults with diverticulosis. Source: (NTP, p.423)

4. Approximately how many grams of fiber does Mr. G consume on a typical day? List the foods and their approximate values. (1 point)
2 slices of white toast= 1g x 2= 2g fiber
1 cup soup=~2g fiber
3/4 cup steamed vegetables= 4.2g fiber
1 cup noodle= 2g fiber
Mr. G consumes an estimate of 10.2 g of fiber Source: nutritiondata.self.com

5. List four good sources of dietary fiber that would be appropriate for Mr. G, and give the fiber content in 1 serving of each. (4 points)
1) Green leafy vegetables such as spinach: 1 cup=4.2 g fiber
2) Fruits, such as pears: 1 medium pear=5 g fiber
3) Whole grains such as whole wheat bread: 1 slice=1.9 g fiber
4) Legumes such as black bean soup: 1 cup=15 g fiber Source: nutritiondata.self.com

6. Would you recommend a fiber supplement to this patient and why? (1 point)
Yes, I will recommend a fiber supplement to this patient because his usual diet did not have enough amount fiber. A high-fiber diet appears fiber is important for the health of the digestive system and for lowering cholesterol and helps promote bowl movement. After patient is resolved from diverticulosis, his digestive system still very weak, so fiber can help him to get better digestive system. Source: http://www.ucsfhealth.org/education/increasing_fiber_intake

7. What are two key micronutrients that appear to be limited in Mr. G’s usual diet and list a food source for each? (2 points)
(1) Calcium: milk and/or dairy products.
(2) Vitamin C: fruits such as oranges, apples. Source: www.whfoods.com/genpage.php?tname=nutrient&dbid=45
8. Give three important MNT goals that you would recommend as part of a long-term nutrition care plan for Mr. G. (3 points)
   1) Adequate fiber intake from good fiber sources to promote easy bowel movement. Such as fruits, vegetables, and whole grain, once patient returns to having diverticulosis.
   2) Increase fluid intake as fiber intake increase-to-increase easy bowel movement. Patient should also limit her caffeinated beverage intake because it may cause the disease to worsen.
   3) Increase physical activity to help increase regular bowel movement.

9. Write 2 appropriate PES statements from the intake domain for this patient. (3 points)
   (1) Inadequate fiber intake (NI-5.8.5) r/t low intake of fiber-containing foods AEB pt. reported the usual dietary intake and dx diverticulosis with flare-up of diverticulitis.
   (2) Patient has a food and nutrition-related knowledge deficit (NB-1.1) r/t no prior knowledge of diverticular disease AEB poor food and beverage choices from diet recall and diverticulitis diagnosis.