

Case study ethnicity: non-hispanic

Business



Ethnicity: Non-Hispanic white History Onset of disease: Dysphasia x 3-4 months Patient describes significant heartburn for the previous year. He has been taking TUMS and Epic consistently for the past year.

He has noted weight loss of over 30 lbs in the last several months. He states that he just has not been able to eat because of the pain and heartburn.

Now, difficulty swallowing foods- especially anything with texture- has brought him to his physician. Demarcation of the esophagi Stage BOB (T 1, IN, MO) was diagnosed. Consulting for transmittal esophageal.

Medical History: Esophageal Demarcation

Family History: Mother- diabetes; Paternal grandfather- prostate cancer

Tobacco use: No Food Allergies: Seafood Physical exam: Vitals: Temp 98. 1 F,

BP 118/80 mug, HER 80 BPML, OR 16 BPML Extremities: Muscle weakness

Abdomen: Bowel sounds positive, soft; entendre, intentioned Skin: warm and

dry Larboard values: 24-her dietary recall: Breakfast: Vegetable Juice (1/2

cup carrots, h cup celery, h cup spinach) Lunch: Simple pumpkin soup (1 cup

pumpkin, h cup coconut milk, 1 tabs maple syrup, 1 cup veggie stock,

shallot, garlic) Dinner: Blueberry smoothie (Kiwi h cup, banana h cup,

blueberry h cup, yogurt h cup)

ANSWER THE FOLLOWING QUESTIONS IQ . Do an information search; find out the characteristics, treatments and prognosis of esophageal demarcation (20 pits). AAA . Esophageal Demarcation is cancer in the esophagi.

This cancer begins at the inner layer of the esophagi and spreads through the entire esophagi and other parts of the body. Esophageal Demarcation

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begins when the cells that line the inside of the esophagi develop mutations in their DNA. Characteristics include Dysphasia, Unintentional weight loss, chest pain, and coughing. Treatments for Esophageal Demarcation depend on the type of cells involved and its stage of anger.

Trans-heated and Trans-thoracic Esophageal is when a small portion of the esophagi is removed. Other options include surgery, radiation, therapy, and chemotherapy.

His prognosis is a 17.3% 5 year survival rate. Q. Describe what the TNT staging system is. Explain the staging of this patient (15 pits).

AAA. The TNT staging system is a cancer staging system. This system is based on the size and extent of the primary tumor (T), the amount of cancer cells that have spread to nearby lymph nodes (N), and if metastasis (M) is present to other parts of the body.

Definition Stage 0: Carcinoma in situ Definition Stage I, II, III: Higher numbers indicate more extensive disease: Larger tumor size and lore spread of the cancer beyond the organ in which it first developed to nearby lymph nodes and/or tattles or organs adjacent to ten location AT ten primary tumor Stage Ib. The cancer has spread to distant tissues or organs This patient has T', which means the tumor is less than CM across.

This patient has IN, which indicates that it has reached only a couple lymph nodes. It has not spread to distant parts of the body since he has MO.

This patient is stage BOB, it is not a very severe stage of cancer. Q. Calculate the energy and protein requirements of this patient after his transmittal esophageal.

Explain you're reasoning (15 pts). AAA. The patient is hyper metabolic, he needs to gain weight. Therefore, he needs 30-35 kcal/kg. 61 kg kcal = 2,417 kcal In addition, his protein needs will be increased to 1.

5 g/kg. 61 kg 1.5 g/kg = 91.5 grams of protein. Q.

Based on the medical record, which encountering is the most concerning? Explain the reasoning behind your conclusion.

In order to confirm the deficiency and monitor the trend of change of this encountering, which lab value will you use or recommend to be tested?

Explain you're reasoning (20 pts). AAA. Protein is the encountering that is most concerning. In addition, the patient's albumin is low because of his low protein intake. His albumin is 2.

7 g/dl and the normal range is 3.5-5 g/dl. In addition, the RUB was 4.2 and the normal range is 4.5-6.

2. This shows that because protein regulates RUB size and number, his low protein caused his low RUB and albumin. Q. What should be done to confirm the patient's dysphasia?

If the patient is prescribed National Dysphasia Diet I, design a high-protein, high-energy shake recipe that provides at least 300 kcal and 15 g protein per cup. Include the nutrition facts of your recipe (20 pts). AS.

The speech language pathologist performs many different tests to confirm a patient's dysphasia. Strawberry-Banana shake ½ cup plain low-fat yogurt- 120 calories. 8 grams protein. 12 grams carbs. 5 grams fat. 1 cup skim milk- 90 calories.

8 grams protein. 12 grams carbs. 2 grams fat 1 Banana- 60 calories. 15 grams carbs 1-cup Strawberries- 60 calories. 1 5 grams carbs. Total= 330 calories.

16 grams protein Q.

Suppose the patient's condition deteriorates rapidly and his prognosis is very poor and he is considered having terminal cancer. He experiences severe dysphasia. A feeding tube can be placed, but the patient refuses and says that he would rather die peacefully. However, his family wants to try everything to save his life.

What do you think should be done and what would you do as a dietitian (10 pts)?
What do you think should be done and what would you do as a dietitian (10 pts)?
My role is to assist the patients and their families by providing them with clear information, recommendations, and alternative options.

However, I would only go further once I know the patient's final decision.

EXTRA CREDIT QUESTION (30 pts) There are a lot of fad diets that claim to prevent or treat cancer, such as the Gerson therapy, Budding diet, Macrobiotic diet, Alkaline diet, Juicing, and Raw diet. Choose two of these diets, describe the main points of the diets, discuss potential risks and benefits, identify at least one peer-reviewed scientific article (citation must

be provided) related to the diets and describe the viewpoints of the authors, then give your own conclusion about the scientific soundness of the diets.

What recommendations would you give the patients if they want to go for these diets? Your answer should not exceed 1 page, 12-opt font size.

The Alkaline diet and Macrobiotic diet are two of many fad diets that claim to prevent or treat cancer. The Alkaline diet promotes eating alkaline foods such as whole fruits and vegetables and low caloric density whole grains. This is beneficial since the normal pH of the blood is slightly alkaline. When the blood's pH decreases, there is a higher risk of developing many diseases, specifically cancer.

Eating alkaline foods counteract and remove excess acid from the body.

Since this diet excludes certain foods, it may cause an individual to have nutrient deficiencies of essential fatty acids and photosynthesis. When one follows a strict alkaline diet, the effectiveness of homeopathy directly increases. “ The effectiveness of chemotherapy agents is markedly influenced by pH, numerous agents require an alkaline media to be more effective. “(Challengers, G. K. (2012) The Macrobiotic Diet involves eating grains and vegetables as a staple food.