**1- What is the main cause of B vitamins deficiency in severe hepatic failure:**

1. Chronic Bleeding.
2. Diarrhea.
3. Diuretics.
4. **Alcoholism.**
5. Ascites.

**2- To promote positive nitrogen balance in patients with stable liver cirrhosis, protein requirements should be at least:**

1. 0.8 – 1 g/kg.
2. 1 – 1.5 g/kg
3. **1.2 – 1.3 g/kg**
4. 0.6 – 0.8 g/kg
5. More than 1.3 g/kg

**3- What is the best MNT for patients with dysgeusia:**

1. High fiber diet
2. **Frequent smaller meals**
3. Adequate fluid intake
4. High protein diet
5. Moderate CHO diet

**4- What is the caloric content of the dialysate used in peritoneal dialysis:**

1. 200 – 300 Kcal
2. 700 – 1000 Kcal
3. 600 – 900 Kcal
4. **400 – 800 Kcal**
5. 500 – 700 Kcal

**5- Among the main goals of MNT for ESRD patients is**:

1. Work with patient to achieve goal weight.
2. Educate patient on high iron diet.
3. Discuss with patient importance of physical activity.
4. Refer patient to renal rehabilitation program.
5. **Control edema and electrolytes imbalance.**

Case I:

40 y/o male admitted for Hemodialysis a week ago. This patient is K/c of DM, HTN, and CRF 1 year ago. Pt dietary habits include three main meals, lots of rice and pastas, his intake of fruits and vegetables is limited, he loves to drink tea and coffee frequently and he also likes salty snacks and chocolate.

Age: 40 years sex: male

Ht: 170 cm Wt: 95 kg

UBW (3 months ago) = 92kg

***Latest lab results:***

Urea: 50.1mg/dl very high.

Creatinine: 689 g/l very high.

HGB: 10.6 low

Sodium: 150 mEq/l High

***Drugs:***

- Lasix 80mg BID.

- Erythropoietin recombinant 4000 unit 3x week.

- Ferrous fumarate 200 mg PO BID.

- Folic acid 5 mg PO OD.

- CaCo3 600 mg PO BID.

**Requirements:**

1. Write a SOAP note according to the method of your textbook.
2. What do you propose for the diet order?

Date, time

S:

Pt seems to tolerate his diet well, he has gained 3 kg in the past 3 months. He has no chewing, food allergies or swallowing problems. Pt has a minor appetite problem. Pt diet hx include three main meals, lots of rice and pastas, his intake of fruits and vegetables is limited, he loves to drink tea and coffee frequently and he also likes salty snacks and chocolate.

O:

Current diet: N/A, Suggested diet: (2000-2200) kcal/day renal DM ↑ protein diet. 40 y/o male admitted for Hemodialysis a week ago. This patient is K/c of DM, HTN, and CRF 1 year ago. Ht: 170 cm, Wt: 95 kg, UBW (3 months ago) = 92kg, BMI= 32.8(obese I), DBW= 65, %DBW= %146, %UBW= %103. Labs: urea= 50.1 ↑↑, Creatinine= 689↑↑, HGB= 10.6 ↓, Na= 150 ↑. Meds: Lasix 80mg, Erythropoietin recombinant 4000 unit 3x week, Ferrous fumarate 200 mg PO BID, Folic acid 5 mg PO OD, CaCo3 600 mg PO BID. EER= (2000-2200) kcal/day renal DM ↑ protein diet. Protein = 1.2-1.3 g/kg.

A:

Pt nutritional status is quite poor. High levels of urea, creatinine and Na as well as low HGB levels are directly related to severely impaired renal function. Diet hx shows high consumption of salty snacks, CHO, tea, coffee and chocolate which will further impair kidney functions as well as DM and HTN control especially with low intake of water, fruits and veggies. Suggested changes are aimed to correct such deficits and aid in improving kidney functions and overall nutritional status.

P:

1. Educate pt on renal diet and avoidance of high Na, high CHO, high Oxalate, high phosphorus foods in order to gain optimal dialysis results.
2. Educate pt on DM & HTN diet to improve overall control and achieve wt goal of 65kg.
3. Discuss with pt fluid intake and adjust quantities based on labs and fluid restrictions.
4. F/U kidney function profile, lipid profile, electrolytes, FPG weekly.
5. Check and monitor pt understanding and adherence to prescribed dietary plan.

Name, Credentials, Date