I. REVIEW OF MEDICAL LITERATURE
   A. Pathophysiology
      1. Define disease, explain primary disease process
      2. Discuss usual etiology or occurrence of disease; give morbidity and mortality statistics if available.
      3. Prognosis - discusses prognosis for disease and prognosis for patient
      4. Summarize symptoms of disease and correlate with symptoms in patient
      5. Identify significant lab values: discuss lab abnormalities associated with the disease and correlate labs of patient with normal lab values.
      6. Treatment – discuss usual surgical/medical treatment for the disease and the treatment planned for or completed by the patient (include procedure, purpose, outcome, pictures if available)
      7. Medications – discuss pertinent medications prescribed for the primary diagnosis
   B. Nutritional Implications in the Disease
      1. Discuss rationale for dietary modifications and recommended diet order; discuss how dietary modifications is an intervention strategy for the disease.

II. DISCUSSION OF PATIENT CASE STUDY
   A. Nutrition Assessment Data
      1. Client History
         Personal History – present general information about the patient: use initials to identify patient, specify age, gender, race, and ethnicity, if appropriate.
         Health History & Surgical Treatment – patient, family medical/health history; history of surgical treatment
         Social History – Housing, economic, psychological, religion or religious preferences, occupation, geography, and stress background of patient as it relates to primary diagnosis; social/medical support
      2. Anthropometrics – Ht, wt, wt changes, BMI/IBW %, etc
      3. Biochemical data, medical tests, & procedures - correlate labs, medical tests/procedures of patient with normal values
      4. Nutrition-Focused Physical Findings – present significant findings from physical exam and other related data.
      5. Food/Nutrition Related History
         Food/Nutrient Intake - include diet history with typical diet followed at home, average intake, diet order at admission, and oral intake since admission, etc.
         Medications & herbal supplements – those taken at home and hospital; possible interactions
         Knowledge/beliefs/attitudes - related to food and nutrition
         Behavior – related to food and health
         Access to food and related supplies
         Physical Activity History
      6. Comparative Standards (may be mixed in throughout other assessment information) – estimated energy/protein needs, wt standards, etc
      7. Secondary diagnoses for this admission; other medical problems listed
      8. Briefly review hospital course
   B. Nutrition Diagnosis
      1. Using standardized language determine appropriate nutrition diagnoses (include the problem, etiology, and signs/symptoms in the PES statement). You will need at least one. Be sure to use NCP terminology.
   C. Nutrition Intervention
      1. Nutrition Prescription – What was your “prescription” or the overall recommendations for the patient? Include the patient’s individualized recommendations for energy, specific foods or nutrients, based on current reference standards and guidelines and the patient’s health condition and nutrition diagnosis.
2. Describe and justify (cite references/evidence that supports and/or validates) the intervention strategies used, proposed, and/or recommended. Discuss and compare any differences you find between what was done and what is recommended for the nutrition diagnosis and/or disease state. Include items such as:
   a. Food and/or nutrient delivery modifications or recommendations
   b. Nutrition education or counseling – describe educational or counseling encounters; discuss patient’s knowledge and readiness to learn new information; what is the predicted adherence to the diet therapy.
   c. Coordination of care – discuss other professionals, institutions, or agencies that you collaborated and/or coordinated with and/or referred to during the patient’s nutrition care; discuss any discharge planning and transfer of nutrition care from one level or location of care to another.
3. List goals that are patient-focused, measurable, achievable, and time-defined.
4. Identify factors or influences that may prevent the intervention strategies from being successful
   a. Influences on food intake (i.e. swallowing problems, NPO for tests, etc)
   b. Ability to meet nutrition prescription
   c. Touch on any social, economic, psychological influences that might influence outcomes.

D. Nutrition Monitoring and Evaluation
   1. List specific indicators/measures that were or could have been monitored/evaluated to determine the progress of the patient. These should link back to the diagnoses, prescription, goals, intervention strategies, standards, or initial assessment findings.

III. SUMMARY:
   A. Summarize the prognosis of the patient and the effectiveness of the nutrition care plan.
   B. Discuss realistic/practical applications and recommendations for practice based on research.
   C. What would you do differently the next time you worked with a patient in a similar situation.

PRESENTATION DIRECTIONS:
- Prepare a PowerPoint presentation as outlined above. Make sure you avoid using any patient-identifying information protected by HIPAA.
- To cover the material adequately, presentations should be 40-50 minutes with an additional 5-10 minutes planned for questions.
- Include in-text citations on the appropriate slides, as well as a reference list at the end of the presentation. The USU DI requires that you use the AMA referencing format.
  - In-text citations should be listed for all information on the slide, including pictures, tables, etc. If you use more than one reference for the information on the slide, each reference should be cited.
  - At least one reference cited needs to come from evidence-based guidelines, systematic reviews, and/or scientific literature.
- Hint: You might find help at the ADA Evidence Analysis Library, Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, or National Guideline Clearinghouse web sites. For further assistance, use the USU DI Library Guide.
- With the help of your preceptor, schedule the presentation, at the convenience of the clinical facility staff, no later than the final day of the IPC rotation.
- All clinical dietitians (and/or other medical team members as appropriate) should be invited to attend and participate.
- Provide copies of your PowerPoint slides and a list of your references to all those attending the presentation.
- As possible, the primary clinical preceptor should attend and complete the Nutrition Case Study Presentation Evaluation; however, another clinical dietitian may complete the evaluation as needed.
- Save a copy of your PowerPoint slides and the completed evaluation as a PDF and submit via Canvas.

Hint! Before preparing your presentation, review the Nutrition Case Study Presentation Evaluation. Then you’ll know upfront what you will be evaluated on.