

Medical Nutrition Therapy Study Guide

Infections

Condition	Definition	Nutrition Concern	MNT	Labs & Meds	Notes
HIV/AIDS	HIV (human immunodeficiency virus) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment. If left untreated, HIV can lead to the disease AIDS (acquired immunodeficiency syndrome).	Malnutrition/malabsorption ion Diarrhea/nausea/vomiting Weight loss/HIV wasting NRTI drugs can cause anemia, loss of appetite, low B12, Cu, Zinc and carnitine HIC-Associated lipodystrophy syndrome (HALS)	High calorie and protein needs (depending on if LBM wasting) Protein: 0.8g-1.2g/kg (depending on if LBM wasting) Supplementation per levels, commonly need: Ca, vitamin D, water soluble vitamins if diarrhea Pediatric: High calorie and protein for weight gain Multivitamins at doses 1-2x RDA	NRTI drugs can cause anemia, loss of appetite, low B12, Cu, Zinc and carnitine Vitamin C and St. John's Wort can result in drug resistance. Monitor blood glucose d/t hyperglycemia risk	HIV possible women should not breast feed Food safety is important as this population is immunosuppressed Vitamin C and St. John's Wort can result in drug resistance HIV testing NFPE is very important to identify wasting as weight loss may be masked by edema and HALS. HIC-Associated lipodystrophy syndrome (HALS)

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Fever	Body temp > 98.6°F	Increased energy needs BMR increased 7% for each degree rise in F temp Dehydration d/t fluid losses	Start dextrose containing IVF High calorie diet with high fluids		
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Sepsis / infection	Infection of the blood	Increased calorie and protein needs d/t stress	<p>Blood glucose control d/t bacteria growth</p> <p>Hosp: <150 ICU : <120 for goal blood sugars</p> <p>Increased Cal depending on stress state</p> <p>Increase protein if wounds present</p>	<p>Monitor blood glucose</p> <p>If wounds check vitamin A, C, zinc, CRP</p> <p>Often treated with antibiotics, monitor for diarrhea</p>	
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SKIN					
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Pressure Ulcers/ Injury	Skin breakdown. Risk factors include malnutrition, obesity, diabetes, and immobility Stages 1-4 depend on the level of skin break down.	Increased protein and calorie needs. Increased need for vitamin A, C and Zinc. Increased risk of infection	<p>Increased protein and calorie needs are dependent on the size and stage of the ulcer. Kcal: 25-40kcal (depending on size and stage)</p> <p>Protein: Stage 1 and 2: 1.2-1.5g/kg</p> <p>Stage 3 and 4: 1.5-2g Zinc: 220mg for 2 weeks if deficient or with stage 3 or 4 Vitamin C: 500-1000 mgs if deficient or with stage 3 or 4 Daily dietary source of vitamin A</p>	<p>Monitor blood glucose</p> <p>Check vitamin A, C, zinc, CRP</p> <p>When checking vitamin A levels, CRP levels must also be checked as an elevated CRP can give a false low of vitamin A. Levels of both CRP and vitamin A should be trended weekly.</p>	The Braden scale is an assessment tool for predicting the risk of pressure ulcers, is based on the total scores of the six criteria: sensory perception, moisture, activity, mobility, nutrition, and friction

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<p>Burns/ Trama</p>	<p>Ebb Phase: decreased metabolic rate, decreased oxygen flow. Occurs directly after trauma Flow phase: increased metabolic rate, oxygen usage, hyperglycemia</p>	<p>Increased calorie and protein needs Micronutrients for healing Fluid retention Electrolyte abnormalities Hyperglycemia</p>	<p>Variable calorie and protein needs depending on type Provide adequate, but not excessive calories 1.5-2g of protein/kg</p> <p>Monitor electrolytes closely and replete as needed Zinc, A, C for wound healing</p>	<p>Check vitamin A, C, zinc, CRP</p> <p>Monitor electrolytes d/t high fluid losses</p> <p>Monitor blood glucose</p>	<p>These patients may also require tube feeding.</p> <p>Metabolic cart is the gold standard for measuring needs. Blood glucose Electrolytes</p>
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