Case Study 1

Mrs A is 75 years old. She has always been a slim, rather petite woman, but since her husband died 2 years ago, has lost her appetite and is now thin rather than slim.

She recently fell and fractured her femur. She was admitted to hospital for hip repair and made slow progress post operatively. She was not interested in her food and developed a pressure ulcer on her sacrum. As she was considered to be now unable to cope living alone Mrs A was admitted to Woodlands Nursing Home.

On admission she weighed 45kg. She thinks her usual weight was about 7st 12lb and she is about 5’ 3” tall.

What was her BMI Score on admission? ____________________________

What percentage weight has she lost? ____________________________ %

What is her percentage weight loss score? ________________________

What is her overall ‘MUST’ Score/Risk Category? __________________

What would be your dietary / care plan for Mrs A

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Case Study 2

Mrs B is a 71 year old lady who has been diabetic for a number of years. Her diabetes has been reasonably well controlled by diet alone. She recently suffered a stroke and experienced swallowing difficulties during her 4 weeks in hospital. She is now able to manage a soft/pureed diet but needs help and encouragement. She has limited ability to care for herself and has been admitted to Pinetrees Nursing Home.

She is unwilling to stand up to be weighed and measured. Previous records from the diabetic clinic note that her weight 2 months ago was 64kg.

Weight on admission was 57kg and ulna length 27.0cm.

What was her BMI Score on admission? ___________________________ %
What percentage weight has she lost? ___________________________ %
What is her percentage weight loss score? ___________________________
What is her overall ‘MUST’ Score/Risk Category? ___________________________

What would be your dietary / care plan for Mrs B

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Case Study 3

Mr C is 70 years old and has a history of Chronic Obstructive Pulmonary Disease (COPD). He has recently been admitted to hospital following exacerbation of his COPD. His elderly wife is quite frail and now feels unable to cope. Mr C is reluctant to mobilise, stays in his chair most of the day and is showing signs of a pressure ulcer developing on his sacrum. He has been admitted to the Poplars Nursing Home and is refusing to be weighed and measured. His shirt collar is loose and he has had to tighten the belt of his trousers.

How would you access his nutritional risk?

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What would be your dietary / care plan for Mr C

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