

Case study of patient and chart note

- 36 year old male with chronic pancreatitis (pancreas divisum diagnosed at 9 year-old). Past Hx: DM x 2013; hepatic abscess in 2013; stents (2008, 2013) smoker.
- Drastic decrease food intake x past 3-4 weeks (skipped breakfast, small amount at lunch (<< 50%), skipped dinner, oral nutrition supplements on/off). Very variable/challenging intake in the past 6 months.
- About 16.9% weight loss x 6 months (usual weight 66kg; actual weight 54.8kg); still losing weight
- Frequent and severe abdominal pain; nausea on/off
- No energy; exhausted while climbing 10 stairs at home
- Moderate to severe loss of muscle mass (temple, deltoids, pectoralis) (mild-moderate for the quadriceps); moderate loss of body fat (triceps, sides of trunk, ribs)

Subjective Global Assessment Form

MEDICAL HISTORY

Patient name: Mr. Frank 36 years old Date: _____/_____/_____

DIETARY INTAKE

- No change; adequate
- Inadequate; duration of inadequate intake > 6 months
 - Suboptimal solid diet Full fluids or only oral nutrition supplements Minimal intake, clear fluids or starvation
- Dietary Intake in past 2 weeks*
 - Adequate _____
 - Improved but not adequate _____
 - No improvement or inadequate _____

WEIGHT

Usual weight 66kg Current weight 54.8kg

- Non fluid weight change past 6 months
 - <5% loss or weight stability
 - Weight loss (kg) 11.2
 - 5-10% loss without stabilization or increase
 - >10% loss and ongoing
 - If above not known, has there been a subjective loss of weight during the past six months?
 - None or mild Moderate Severe
- Weight change past 2 weeks* Amount (if known) ?
 - Increased No change Decreased

SYMPTOMS (Experiencing symptoms affecting oral intake)

- Pain on eating Anorexia Vomiting Nausea Dysphagia Diarrhea
 - Dental problems Feels full quickly Constipation
- None Intermittent/mild/few Constant/severe/multiple
- Symptoms in the past 2 weeks*
 - Resolution of symptoms Improving No change or worsened

FUNCTIONAL CAPACITY (Fatigue and progressive loss of function)

- No dysfunction
- Reduced capacity; duration of change > 1 month
 - Difficulty with ambulation/normal activities Bed/chair-ridden
- Functional Capacity in the past 2 weeks*
 - Improved No change Decrease

METABOLIC REQUIREMENT

High metabolic requirement No Yes

PHYSICAL EXAMINATION

Loss of body fat No Mild/Moderate Severe triceps
 Loss of muscle mass No Mild/Moderate Severe
 Presence of edema/ascites No Mild/Moderate Severe

CACHEXIA

No Yes

SGA RATING

A Well-nourished Normal B Mildly/moderately malnourished Some progressive nutritional loss C Severely malnourished Evidence of wasting and progressive symptoms

*See page 2 SGA Rating for more description.



Canadian
Malnutrition
Task Force

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sur la malnutrition

Advancing Nutrition Care in Canada / Améliorer les soins nutritionnels au Canada

PES statement

- **Problem/Nutrition Diagnosis:** Malnutrition (SGA C)
- **Etiology:** Inadequate intake secondary to altered GI function (Chronic pancreatitis)
- **Signs/Symptoms:**
 - Inadequate dietary intake: Estimated energy intake 35%-40% of the requirements in the past 3-4 weeks; overall, variable and inadequate intake in the past 6 months.
 - Unintentional weight loss of 16.9% in 6 months
 - Moderate to severe loss of muscle mass (temples, deltoids, pectoralis); mild-moderate loss at the quadriceps. Moderate loss of body fat (triceps, sides of trunk, ribs)
 - Change in functional capacity: gets easily tired while doing physical activities (climbing stairs, etc.)
 - Severe abdominal pain; nausea on/off