**Case-Nutrition Management**

SC is a 30-year-old woman who is due to undergo surgery for severe Crohn's disease. She has been admitted to the surgical ward for nutritional care prior to her surgery. On examination SC is 165 cm in height and weighs 50 kg

SC takes the following regular medications:

• mesalazine 500 mg tds

• paracetamol 1 g q.d.s. p.r.n.

• azathioprine 100 mg o.d.

• prednisolone 20 mg o.m.

• Calcichew-D3 Forte ii o.d.

• alendronic acid 70 mg once a week

• ranitidine 150 mg b.d.

• Ensure Plus 1 carton three times a day

• phenytoin 100 mg t.d.s.

• sodium valproate MR 200 mg b.d.

Prior to her admission, SC was prescribed Ensure Plus cartons three times daily in addition to her usual diet. However, despite the additional nutrition provided by the Ensure Plus, SC has failed to gain sufﬁcient weight. The surgical team car- ing for SC have decided they need to increase her nutritional intake and plan to commence tube feeding. SC has developed a sore throat and painful mouth due to oral thrush and she is unable to swallow her medication. SC's medications will now need to be administered via an NG tube.

**Questions:**

1. Calculate SC's body mass index (BMI) What does this signify?
2. SC confesses to you that she has not been taking the Ensure Plus three times daily as she dislikes the taste. What suggestions can you give her?
3. What is an NG tube? What are the risks associated with the use of an NG tube?
4. What nutritional support options are available to SC now that an NG tube has been inserted?
5. What approach should the pharmacist have in decision-making about SC's regular medications?
6. List and rationalize the medication SC will need to continue while she has an NG tube inserted?
7. For each medication, state how you can administer that drug via an NG tube?
8. Will any of the drug doses need to be changed due to a formulation change?
9. Are there any significant drug-nutrition interactions and how would you manage them?
10. If there is no suitable preparation, can the nurses crush tablets or open capsules?
11. In what post-operative situations are the use of parenteral nutrition indicated?
12. The surgical team have planned for the parenteral nutrition to be for a short period. What type of access is required?
13. The team caring for SC decide to start her on parenteral nutrition at half of her daily requirements. Why is this?
14. What is refeeding syndrome?
15. As SC will be 'nil by mouth' postoperatively, her medication will have to be administered intravenously. What advice will you give the nurse on the administration of the drugs?