**Case Scenario: Nutrition**

**ISQIC Hospital Name**: (Insert your hospital name here)

**Completed by**: (Insert your name here)

**Please complete and send back to** info@isqic.org **by Friday, July 17, 2020**

**Case:**

Alexander Hamilton a 68-year-old man who is seen in Dr. Jones’s surgical clinic on August 4, 2020 to discuss a recently diagnosed colon cancer. Dr. Jones determines colectomy is necessary and schedules surgery for August 10, 2020.

There is no mention of dietary education anywhere in Dr. Jones’ 8/4 clinic notes, however there is a note entitled “patient education” that contains non-ISQIC hospital-branded nutritional information detailing a high-protein high-carbohydrate diet. At check-in for the patients 8/10 surgery Mr. Hamilton notes he drank about 10 bottles of immunonutrition for the week before surgery, but drank those 10 bottles only over the last 3 days before surgery. Mr. Hamilton states he drank three bottles of maltodextrin about 2 hours before surgery, but did not drink any the day before surgery. There is no nursing documentation stating if the patient was allowed clear liquids the morning of surgery. Following an uneventful laparoscopic right colectomy, Dr. Jones orders the patient to be NPO after surgery and documents that the patient may have post-operative ileus. By POD#2, the patient was placed on a full liquid diet and started on immunonutrition.

**Abstraction** (Please highlight and/or type in your answer in Microsoft Word)

1. Did the patient receive dietary education pre-operatively?
	1. Yes, the patient received dietary education
	2. No, the patient did not receive dietary education
	3. Not applicable, the surgical team documented diet education was inappropriate
2. Did the patient consume immunonutrition prior to surgery?
	1. Yes, the patient consumed 100% (14 servings) of the prescribed immunonutrition
	2. Yes, the patient consumed ≥ 50% (≥7 servings) of the prescribed immunonutrition
	3. Yes, the patient consumed < 50% (< 7 servings) of the prescribed immunonutrition
	4. No, the patient consumed no immunonutrition
	5. Not applicable, the surgical team documented immunonutrition was contraindicated
3. Did the patient consume 100 g (2 bottles) of maltodextrin the day prior to surgery?
	1. Yes, the patient consumed 100% (2 bottles) of the maltodextrin
	2. Yes, the patient consumed ≥ 50% (≥1 bottle) of the maltodextrin
	3. Yes, the patient consumed < 50% (<1 bottle) of the maltodextrin
	4. No, the patient consumed no maltodextrin
	5. Not applicable, the surgical team documented maltodextrin was contraindicated

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1. Did the patient consume 50 g (1 bottles) of maltodextrin 2-3 hours prior to surgery?
	1. Yes, the patient consumed 100% (1 bottles) of the maltodextrin
	2. Yes, the patient consumed ≥ 50% (≥1 half bottle) of the maltodextrin
	3. Yes, the patient consumed < 50% (<1 half bottle) of the maltodextrin
	4. No, the patient consumed no maltodextrin
	5. Not applicable, the surgical team documented maltodextrin was contraindicated
2. Was the patient allowed clear liquids up until 2-3 hours before surgery?
	1. Yes, the patient was allowed clear liquids up until 2-3 hours before surgery
	2. No, the patient was not allowed clear liquids up until 2-3 hours before surgery
	3. Not applicable, the surgical team documented preoperative clear liquid diet was contraindicated
3. Was the patient ordered a full liquid or solid food diet on postoperative day 1?
	1. Yes, the patient was ordered full liquid or solid food diet for the first post-operative day
	2. No, the patient was not ordered full liquid or solid food diet for the first post-operative day
	3. Not applicable, the surgical team documented full liquid or solid food diet were contraindicated
4. Was the patient ordered two servings of postoperative immunonutrition on POD#1?
	1. Yes, the patient was ordered 2 servings of immunonutrition per day on postoperative day 1
	2. No, the patient was not ordered 2 servings of immunonutrition per day on postoperative day 1
	3. Not applicable, the surgical team documented post-operative immunonutrition was contraindicated