Diverticulitis Case Study

1. How does diverticulitis differ from diverticulosis? (2 points)
   Although both contain abnormal pouches on the surface of the small or large intestine, diverticulitis includes the acute inflammation of the diverticula. The dietary treatment for the two are not the same. Diverticulitis is accompanied by pain, bleeding, fever and increased white blood cells. Diverticulosis is related to low fiber intake and chronic constipation among other risk factors.

2. What dietary progression would you recommend for Mrs. M over the next 1-2 weeks? (2 points)
   I would recommend bowel rest, NPO to clear liquids, advance diet as tolerated to soft & low residue diet & for patient to eventually resolve to diverticulosis (NTP).

3. What is the recommended daily fiber intake for adults? (1 point)
   6-10 gm above the 25-35 g/day (NTP)

4. Approximately how many grams of fiber does Mrs. M consume on a typical day? (1 point)
   10-15 g/day
   ~10 grams using supertracker.usda.gov

5. List four good sources of dietary fiber that would be appropriate for Mrs. M, and give the fiber content in a usual serving of each. (4 points)
   I. ½ cup kidney beans = ~10 grams
   II. 1 slice whole wheat bread = ~ 3 grams
   III. 1/3 – ½ cup high fiber cereals = ~ 4+ grams
   IV. ½ cup cooked whole wheat pasta = ~ 3 grams

6. What are two key micronutrients that appear to be limited in Mrs. M’s usual diet and list a food source for each? (4 points)
   • Calcium and vitamin D appear to be limited. She could combat this buy incorporating more leafy greens rich in calcium and vitamin D fortified milk as opposed to coffee and soda.
   • Aside from simply looking at her usual diet, knowing this patients diagnosis, we should also be concerned with Vitamin K and Biotin since both are absorbed primarily in the colon and are potentially compromised in Mrs. M’s usual diet due to the location of her illness being in the colon. Food sources of biotin include Swiss Chard, carrots, nuts, eggs, fruits and vegetables (8 Foods). Food sources of vitamin K include vegetables such as spinach, asparagus and broccoli (Vitamin K).

7. Give three important MNT goals that you would recommend as part of a long-term nutrition care plan for Mrs. M. (3 points)
   I. Increase both soluble and insoluble fiber intake from a variety of food sources when the patient is no longer in a state of diverticulitis (inflammation)
II. Reduce and eventually eliminate caffeine consumption by decreasing regular coffee consumption
III. Monitor and maintain adequate fluid intake

8. Write 2 appropriate PES statements for the patient’s nutrition problems. (3 points)
   a. Altered GI function (NC-1.4) r/t inadequate fiber intake per usual diet AEB patient reported constipation and presence of diverticula.
   b. Undesirable food choices (NB-1.7) r/t food and nutrition related knowledge deficit (NB-1.1) AEB calculated fiber intake below recommendation.

RESOURCES: