NUTRITION

Nutrition

Nutrition Support Clinician Exam

Latest Version: 6.0

Question: 1

Which of the following clinical parameters is LEAST likely to be an indicator of a nutritionally at-risk patient in an acute care hospital?

A. 5% unplanned weight loss in a I-month period
B. Inadequate nutrition for 10 days
C. Intentional weight loss of 15% over a 6-month period in an obese individual
D. Extensive resection of the colon due to cancer

Answer: C

Explanation:
The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations or JCAHO) mandates that nutrition screening be completed within 24 hours of admission. Risk factors are identified to determine the level of nutritional risk for each patient Weight is frequently used as a risk factor. An unplanned weight change of more than 10% over a 6-month period or a 5% unplanned change over a I-month period would be considered a nutritional risk factor. An obese patient who has intentionally lost 15% of his or her body weight would not necessarily be at nutritional risk, especially if patient was following a nutritionally adequate diet. Other risk factors would include a period longer than 7 days of inadequate nutrition; changes in GI function such as nausea, vomiting, or bowel issues; or extensive GI surgery. Many long-term diseases would also affect nutritional status. The use of certain medications, changes in the ability to chew or swallow, and social factors would also influence nutritional status.

Question: 2

Which of the following anthropometric methods is LEAST useful in nutrition assessment in an ICU setting?

A. Triceps skinfold
B. Body mass index
C. Estimating ideal body weight using height and Hamwi equation
D. Comparing actual weight to either ideal weight or usual weight

Answer: A

Explanation:
Assessment of body composition using triceps skinfold CTSF) as a measure of subcutaneous fat, and midarm circumference (MAC) and midarm muscle circumference (MAMC) as a measure of lean body mass is not as useful in an ICU

setting. One reason for this is because the patient's arm may not be easily accessible in an intensive care setting. A second reason is because the standards for TSF, MAC, and MAMC were developed using healthy individuals who were not hospitalized. Changes in the hydration status of the patient as well as differences in techniques can vary between those who are measuring. Body mass index (BMI) is useful in helping to classify a patient's nutritional status. BMI also has limitations, such as misclassifying patients who have a large amount of muscle as obese. Comparing a patient's current weight to usual weight is fairly useful, especially when coupled with evaluating the reasons for weight loss. Using height and the Hamwi equation can also be useful for comparing the patient to the normal population.

Question: 3

When performing a nutrition-focused physical examination, the presence of scaly, dry skin may indicate

A. vitamin A toxicity.
B. essential fatty acid deficiency.
C. cholesterol deficiency.
D. protein deficiency.

Answer: B

Explanation:
In a nutrition-focused physical examination, the skin can be very informative to the overall nutritional status of the patient. Dry, scaly skin or dermatitis may be indicative of an essential fatty acid deficiency. Poor wound healing may be indicative of a deficiency of vitamin C, zinc, or protein. The turgor of the skin (ability of the skin to change shape and return to normal) can be a good indicator of hydration status. A pale skin color may be indicative of a deficiency of iron, vitamin B12, or folate. Individuals with high cholesterol levels will sometimes exhibit tiny lumps on the eye lids or elbows. Excessive bruising as seen with the presence of petechiae or ecchymosis may be due to a deficiency of vitamins C or K.

Question: 4

Which of the following medications is LEAST likely to cause weight gain?

A. Paxil
B. Elavil
C. Wellbutrin
D. Prozac

Answer: C

Explanation:

Most antidepressant medications may cause weight gain and it is important to identify any medications a patient may be taking for depression. The mechanism for this may be multifaceted. There may be a metabolic effect, such as a decrease in metabolic rate. There may also be an increase in appetite related to a medication, causing an increase in caloric intake. It may also be a result of an overall improvement in well-being as a result of depression improving and food intake increasing. Antidepressants such as Wellbutrin, Effexor, and Serzone are least likely to cause an increase in weight, Selective serotonin reuptake inhibitors (SSRI) drugs are more likely to cause weight gain. These include Paxil, Lexapro, Prozac, and Zoloft. MAO inhibitors such as Nardil and Parnate, and tricyclics such as Elavil are also more likely to cause weight gain.

Question: 5

When diagnosing malnutrition in an acutely ill patient, the LEAST valid marker to use would be

A. unplanned weight loss of 8% in a 4-month period.
B. body mass index of 16 kg/m2.
C. poor wound healing.
D. serum albumin of 2.5 g/dL.

Answer: D

Explanation:
Revisions are underway for the criteria used to diagnose malnutrition using ICD-IO codes. The use of albumin and pre-albumin as a marker for protein status are typically an unreliable measure. This is due to the fact that in acute illness, albumin and pre-albumin function as inflammatory biomarkers. Inflammation does have negative consequences for nutritional status; however, these markers will not accurately measure visceral protein status. Better indicators of protein status include improvement in weight, strength, and wound healing. Other markers of overall nutrition status are the degree of weight change over a designated period of time and loss of subcutaneous fat or muscle. Compromised nutrient intake would also be a better marker, as would changes in physical function such as hand grip strength.

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