

M.P.: A case of diabetes, or
maybe not!

PATIENT CARE REPORT
A USUAL DIAGNOSIS

Lee J. Nunn
Clinical Practicum 2022

Patient Profile

- M.P is a 65-year-old female
- saw PCP at noon 5/11 had abnormal labs
- Admitted to SNW 5/11 PM
- PMH: prediabetes
- NKFA
- Status: Full Code

Physical Findings

- Reported 40 lb weight loss since January/February this year
- Reported 10 lb intentional weight loss over a one-year period by changing her diet and adding exercise after her prediabetes Dx 3 years ago
- Jaundiced
- 7 days before admit developed nausea, diffuse cramping, abdominal pains, bloating, dark colored urine, and loose stools, which were worse after eating

Medical Findings

- Dx: transaminitis, dilated hepatic bile duct, hyperbilirubinemia, severe hyperglycemia, hyponatremia, hypokalemia
- MRI shows suspected mass at head of pancreas – requires EUS/ERCP
- Hepatic biliary ductal dilatation
- Obstructing biliary/pancreatic head malignancy or noncalcified CBD stones are presumed

Anthropometrics

Ht: 157.48 cm (62 inches)

Admit Wt: 63.8 kg (140 lb)

UBW: 81.8 kg (180 lb)

Reported total loss of 50 lb in 3 years

And 40 lb was lost since Jan/Feb this year

22% weight loss in approximately 4 months

IBW: 50.0 kg (110 lb)

%IBW: 127%

BMI at admit: 25.7 kg/m²

Dosing Wt: 63.8 kg

Energy Requirements:

Basal EE MSJ: 1141

Hospital stress factor 1.1 – 1.2

20 kcal/kg x 63.8 kg = 1265 kcal

21 kcal/kg x 63.8 kg = 1369 kcal

Protein Requirements:

Protein 1.0 – 1.2 g/kg per day due liver and pancreas issues and general stress of hospitalization

1.0 g pro/kg x 63.8 kg = 64 g pro

1.2 g pro/kg x 63.8 kg = 77 g pro

Diet Order: carbohydrate controlled
40 – 60 g of CHO/meal

P: Altered nutrition related laboratory values
E: Altered GI function
S: Other: jaundice, elevated LFT's, hyperglycemia

Nutrition Intervention:

1. Meals and Snacks: Continue current diet order. Recommend eating smaller meals more frequently
2. Nutrition education: Completed diabetic diet education

Diet Order: carbohydrate controlled
40 – 60 g of CHO/meal

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Monitoring/Evaluation:

1. Food and Nutrient Intake: Goal for Pt to meet >75% of estimated needs via oral intake
2. Anthropometrics: Goal for maintenance of LBM during LOS
3. Electrolyte/Renal Profile: Goal for pt electrolytes to trend WNL
4. GI Profile: Goal for LFTs to trend WNL
5. Endocrine Profile: Goal to maintain BG between 70-180 mg/dl

Medications:

P: Altered nutrition related laboratory values
E: Altered GI function
S: Other: jaundice, elevated LFT's, hyperglycemia

Drips: NS 100 ml/hr

Insulin MDSS

Detemir

Potassium chloride SS

Laboratory Values

	Na⁺ 135-145 mmol/L	K⁺ 3.5-5.2 mmol/L	Cl⁻ 96-106 mmol/L	Mg²⁺ 1.7-2.2 mEq/L	CO₂ 22-29 mmol/L	AGAP 3-12 mEq/L	Glucose 70-180 mg/dL	POC 70 -180 mg/dL
5/12	136, 134	2.9, 3.9	104, 100	1.6, 1.5	19, 22	19, 12	251, 359	340, 342, 221
5/11	130	3.4	95	1.8	18	17	518	323

	Alk Phos 40-129 U/ml	AST 8-48 U/ml	ALT 7-55 U/ml	Bili T 1.0 mg/dL	Bili D 0.3 mg/dL	Lipase 0-160 U/ml	A1c < 5.7%	BOHB 0.02 - 0.27 mmol/L
5/12	360	327	467	12.7	9.1			
5/11	446	382	597	15.9		37	>14	3.08

Trending to WNL
NS drip

Laboratory Values

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Unstable, using KCl
SS to replete

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WNL
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Lab Values
Trending down
Depleted - dilution

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Laboratory Trending to WNL

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Laboratory Values

Resolving DKA

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Laboratory Values

Uncontrolled w/ MDSS

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Laboratory Values

Hyperglycemia after food w/ Detemir

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Trending down

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Severely
elevated

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Normal – is there
pancreas
involvement?

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Off the scale
No glycemc control for
3 months

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Ketones present

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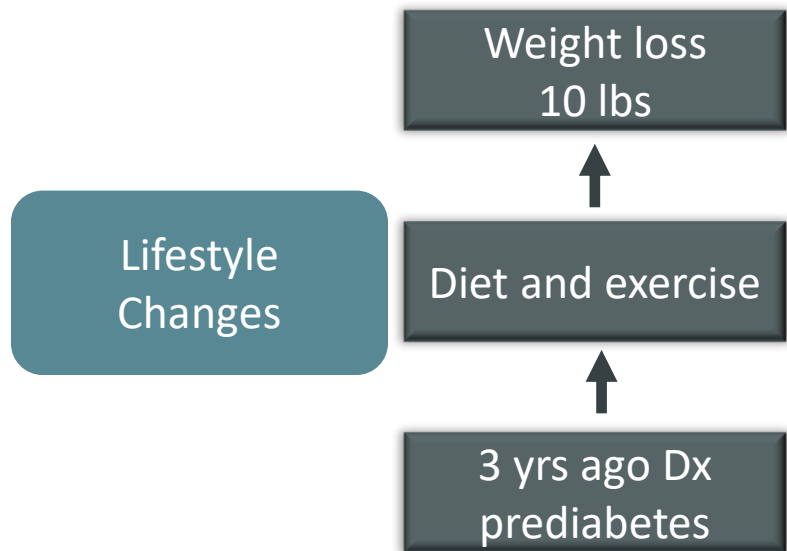
3 yrs ago Dx
prediabetes

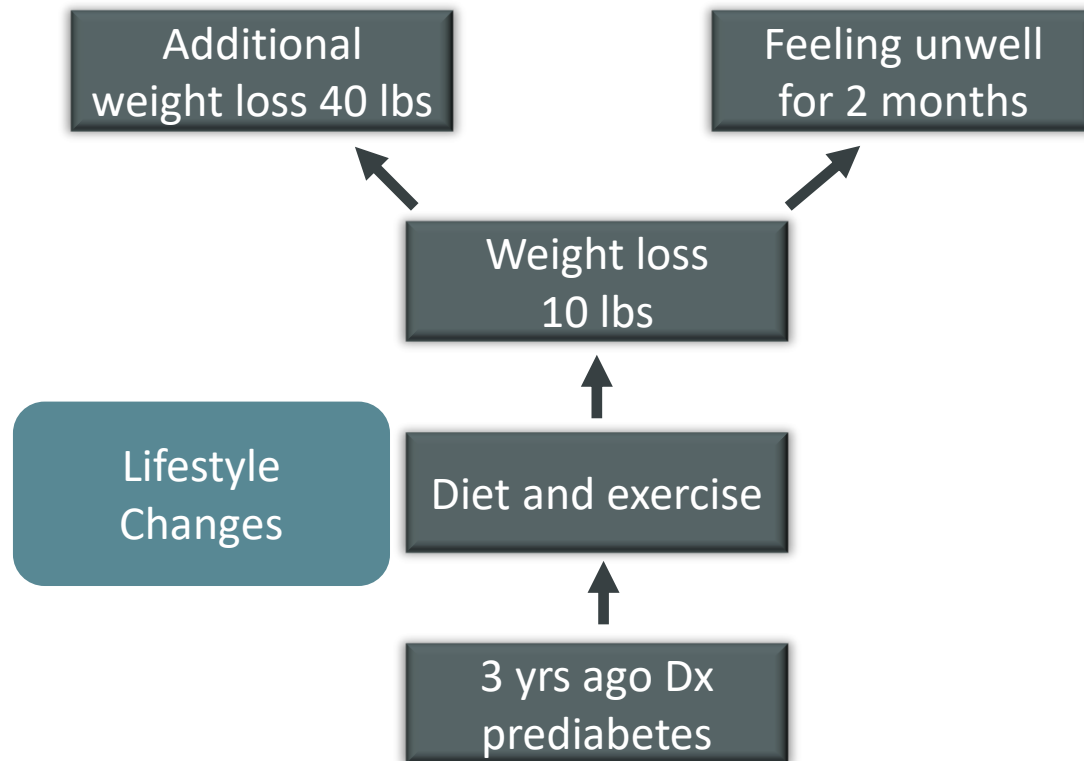
Diet and exercise

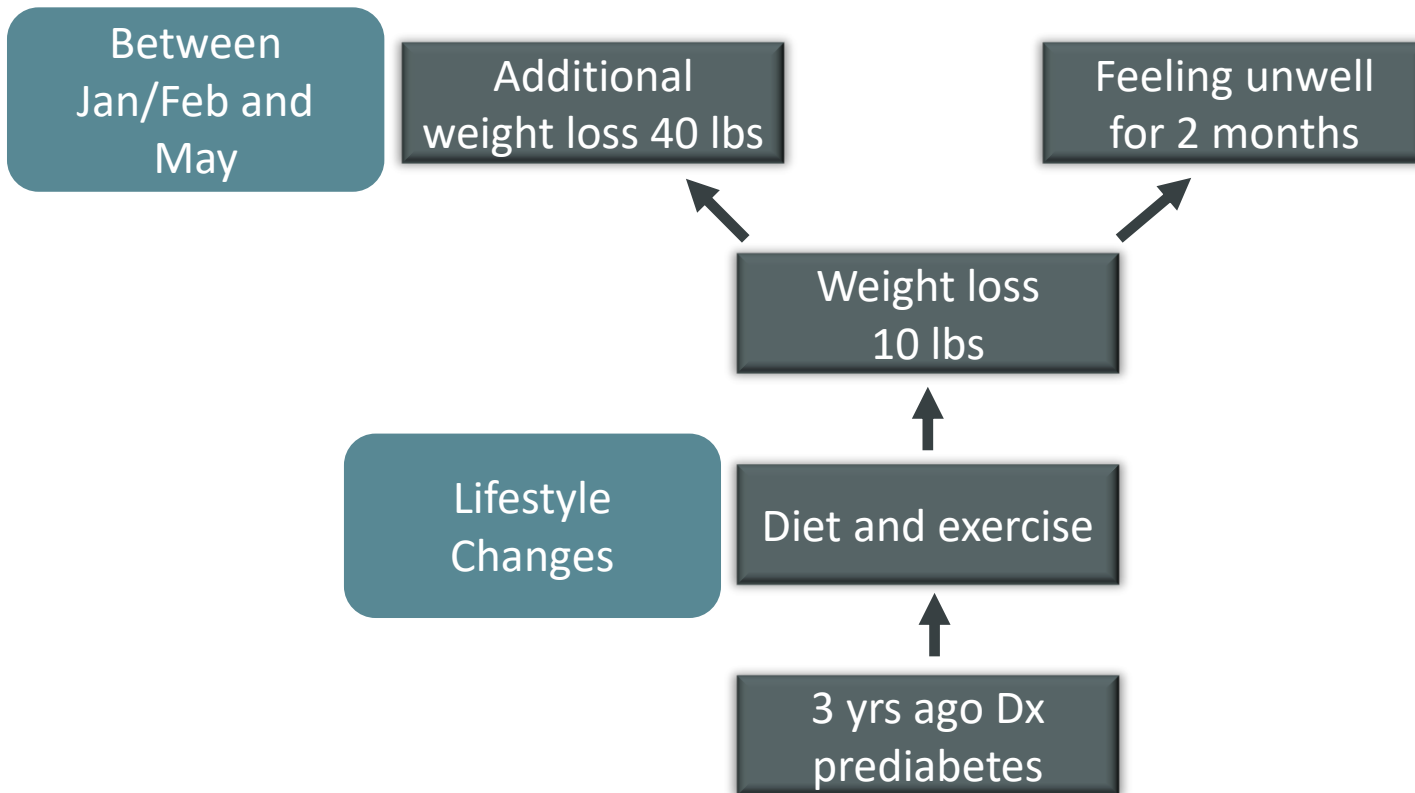


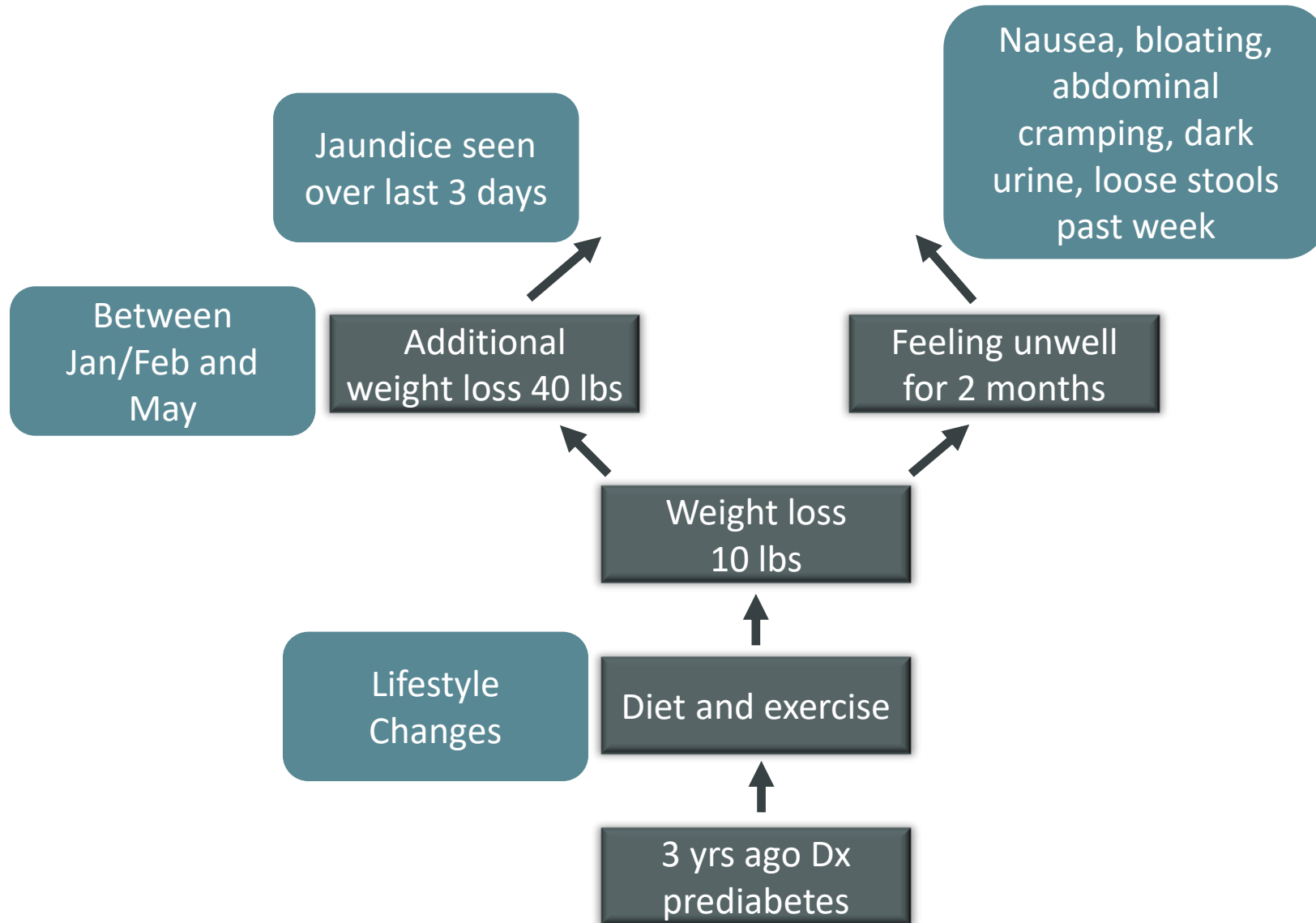
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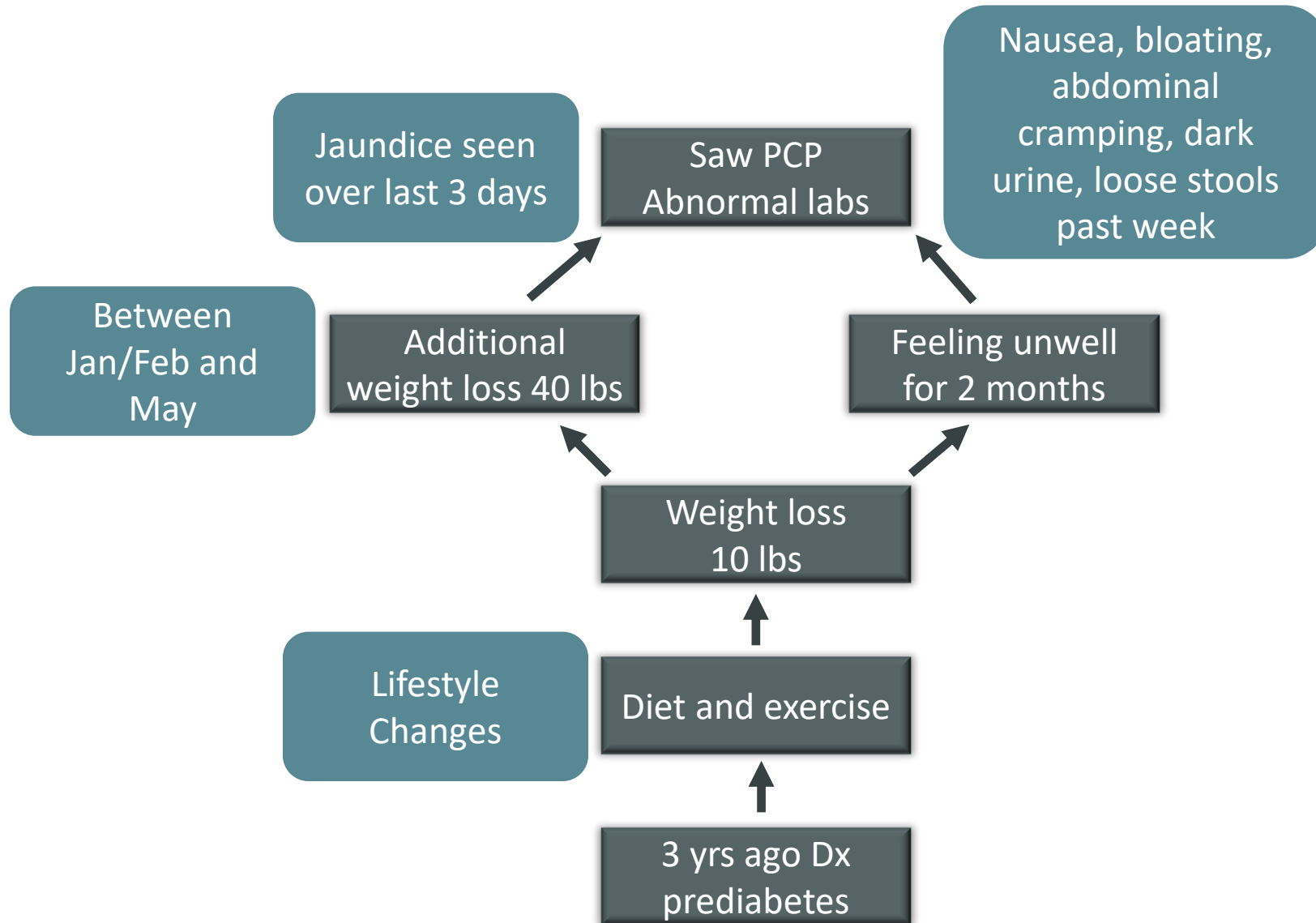


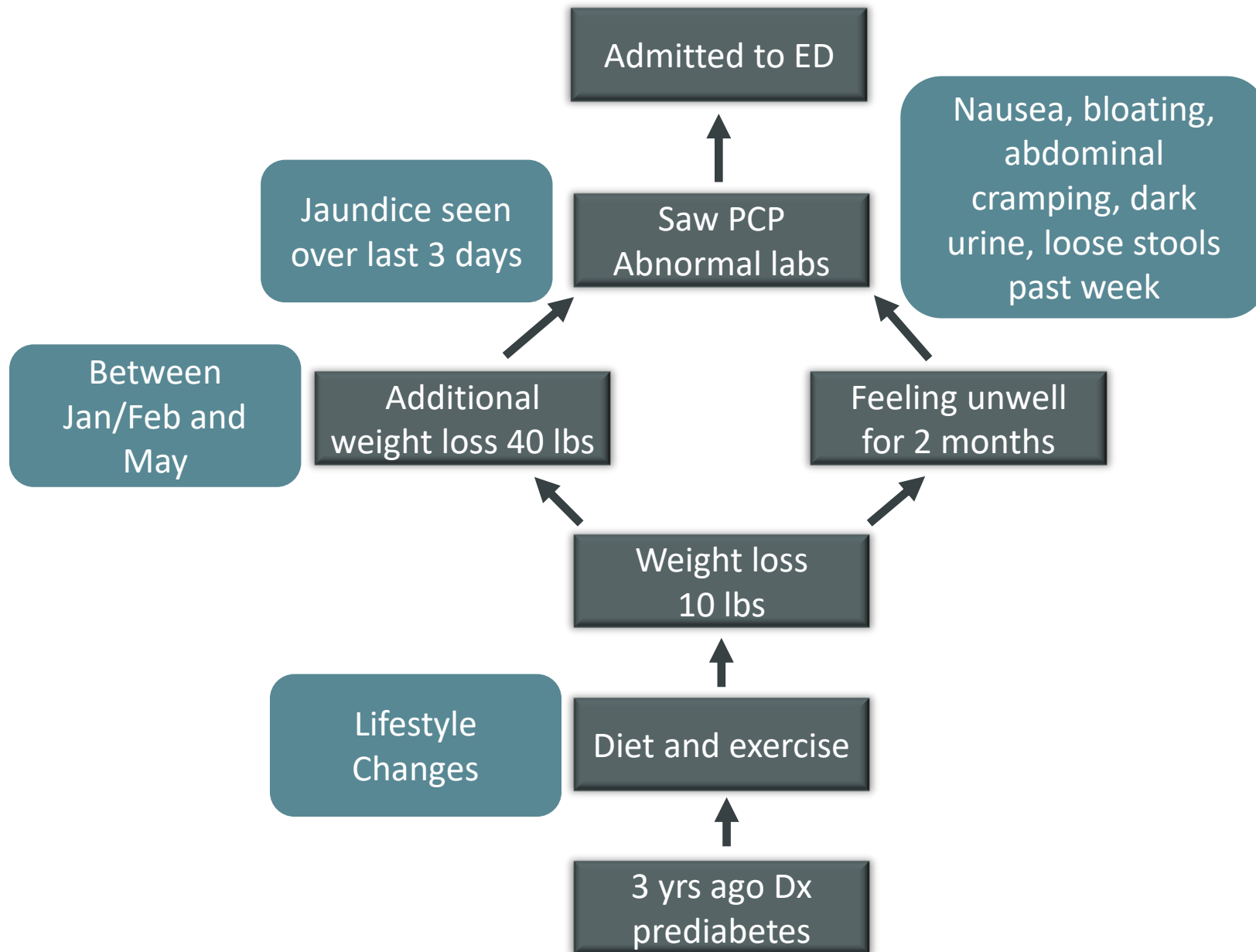


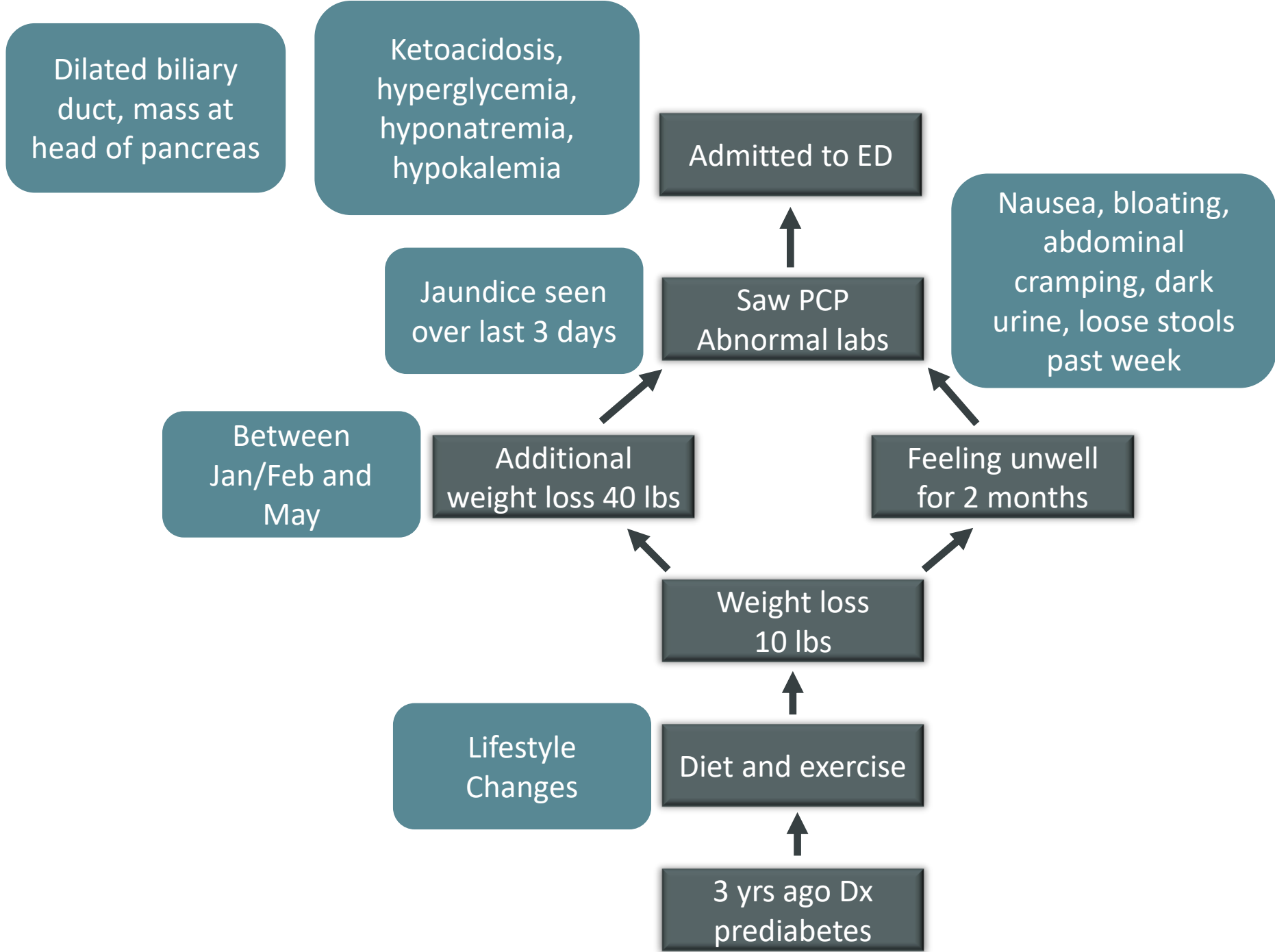












Dilated biliary duct, mass at head of pancreas

Ketoacidosis, hyperglycemia, hyponatremia, hypokalemia

Admitted to ED

Nausea, bloating, abdominal cramping, dark urine, loose stools past week

Saw PCP Abnormal labs

Jaundice seen over last 3 days

Feeling unwell for 2 months

Between Jan/Feb and May

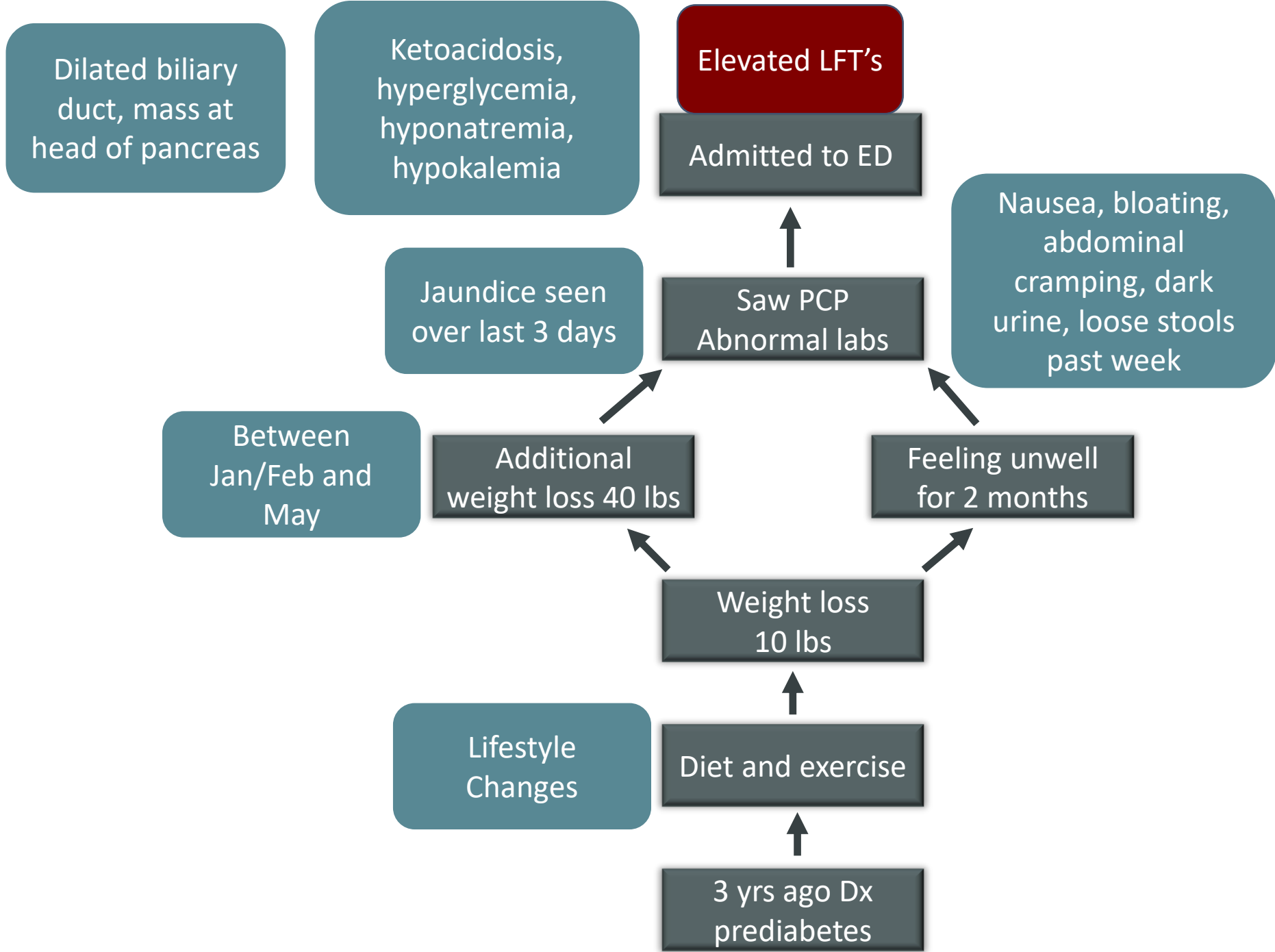
Additional weight loss 40 lbs

Weight loss 10 lbs

Diet and exercise

Lifestyle Changes

3 yrs ago Dx prediabetes



Dilated biliary duct, mass at head of pancreas

Ketoacidosis, hyperglycemia, hyponatremia, hypokalemia

Elevated LFT's

Admitted to ED

Jaundice seen over last 3 days

Saw PCP
Abnormal labs

Nausea, bloating, abdominal cramping, dark urine, loose stools past week

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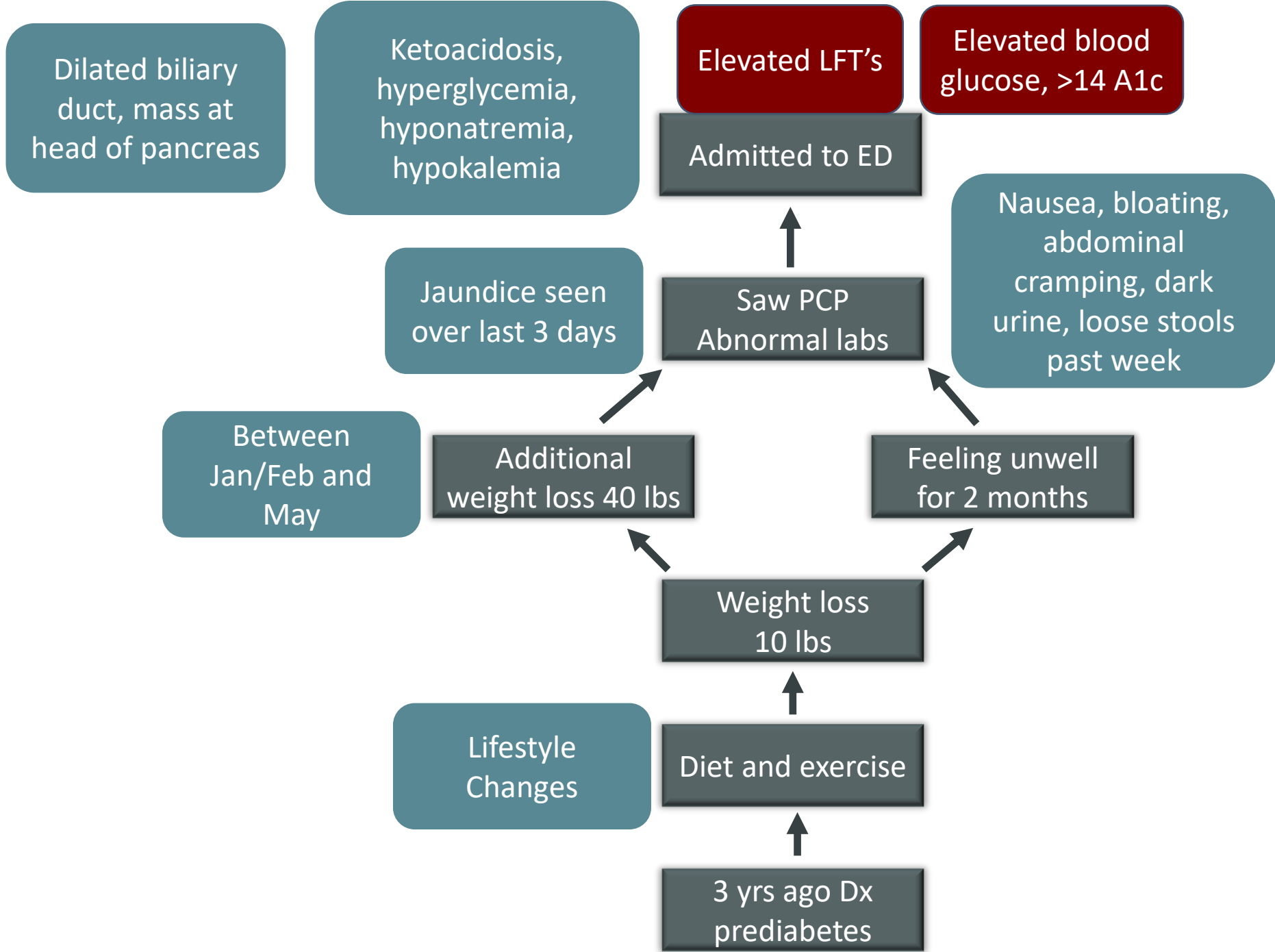
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Lifestyle Changes

Diet and exercise

3 yrs ago Dx prediabetes



Dilated biliary duct, mass at head of pancreas

Ketoacidosis, hyperglycemia, hyponatremia, hypokalemia

Elevated LFT's

Elevated blood glucose, >14 A1c

Admitted to ED

Jaundice seen over last 3 days

Saw PCP Abnormal labs

Nausea, bloating, abdominal cramping, dark urine, loose stools past week

Between Jan/Feb and May

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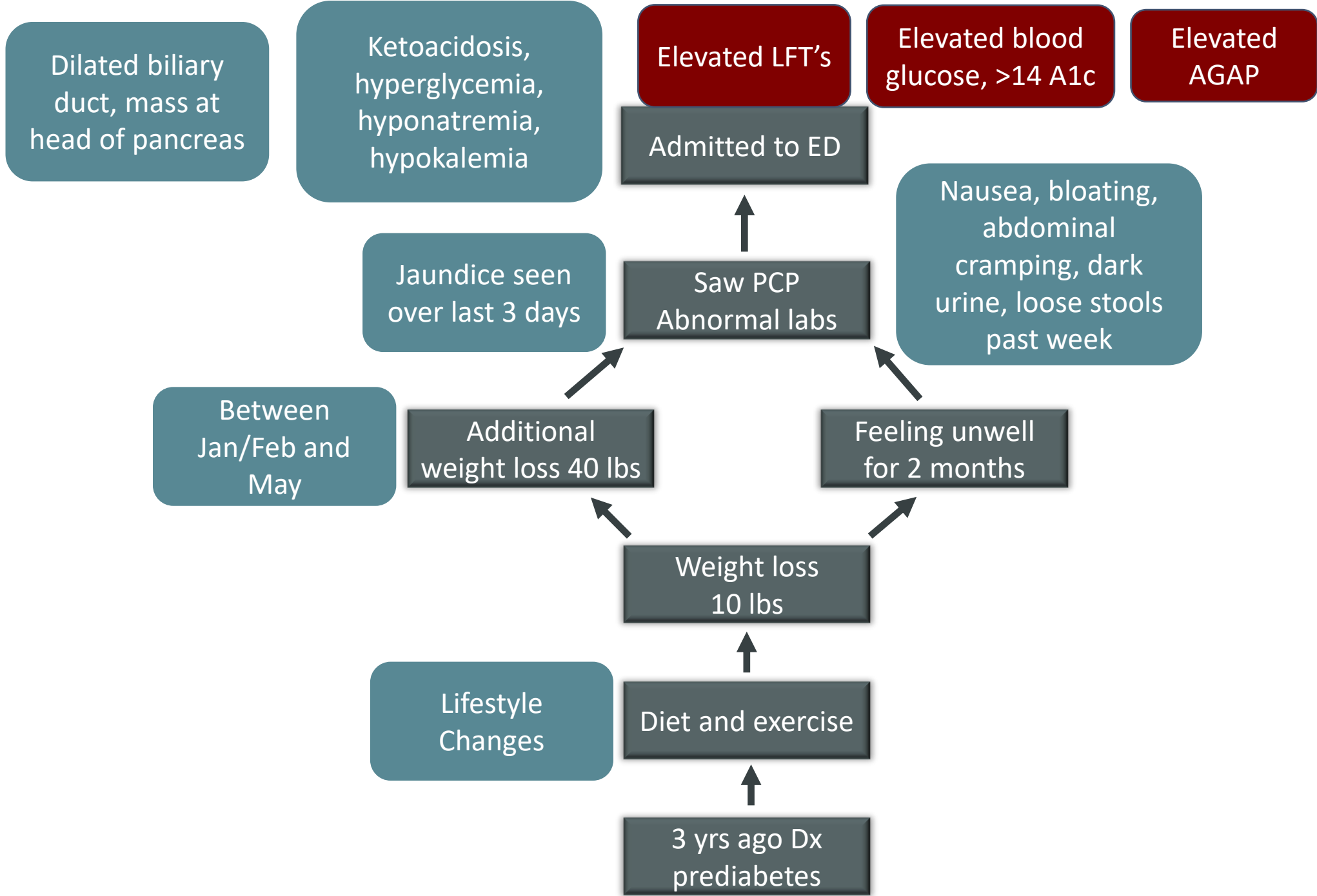
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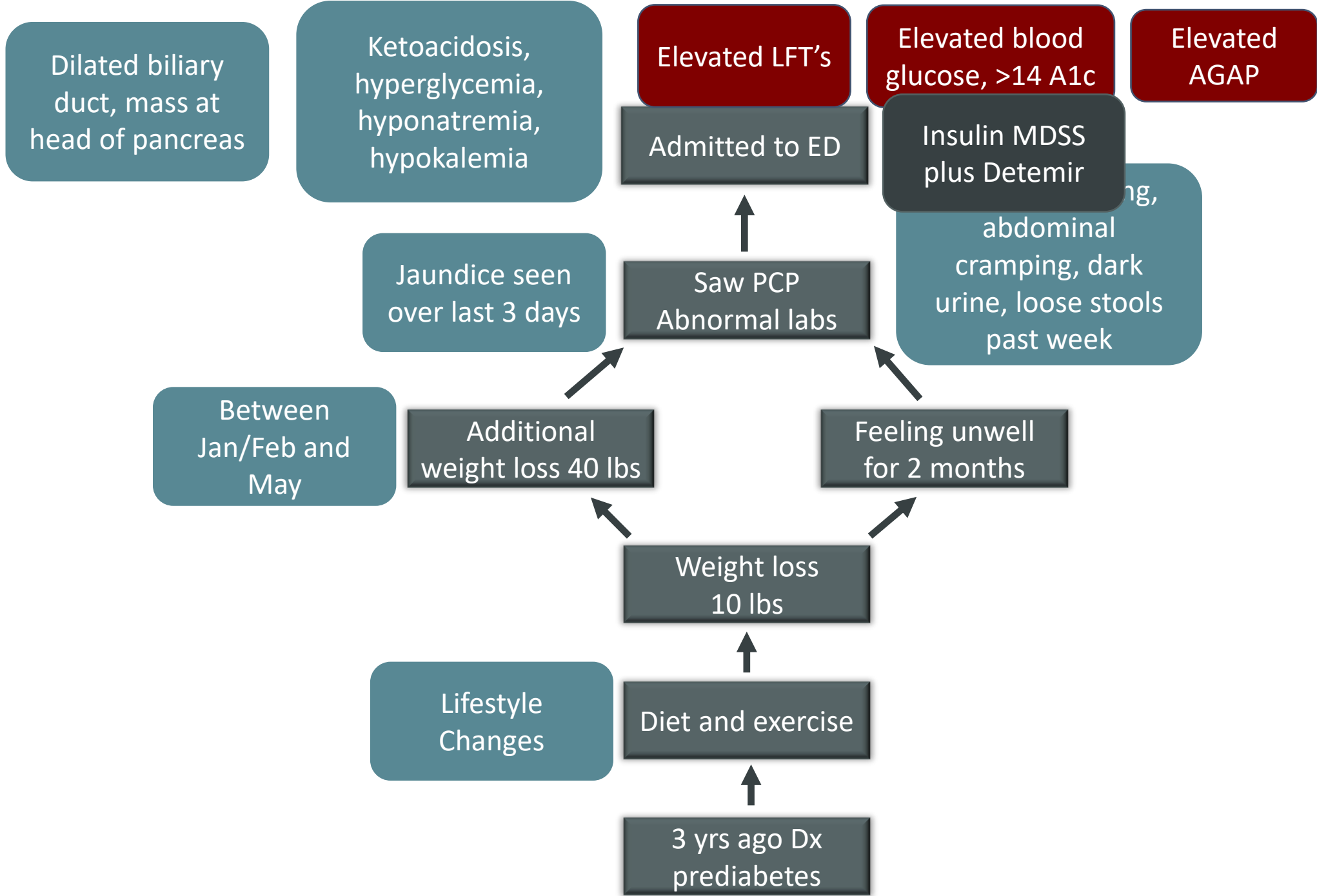
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Lifestyle Changes

Diet and exercise

3 yrs ago Dx prediabetes





Dilated biliary duct, mass at head of pancreas

Ketoacidosis, hyperglycemia, hyponatremia, hypokalemia

Elevated LFT's

Elevated blood glucose, >14 A1c

Elevated AGAP

Admitted to ED

Insulin MDSS plus Detemir

Jaundice seen over last 3 days

Saw PCP Abnormal labs

nausea, abdominal cramping, dark urine, loose stools past week

Between Jan/Feb and May

Additional weight loss 40 lbs

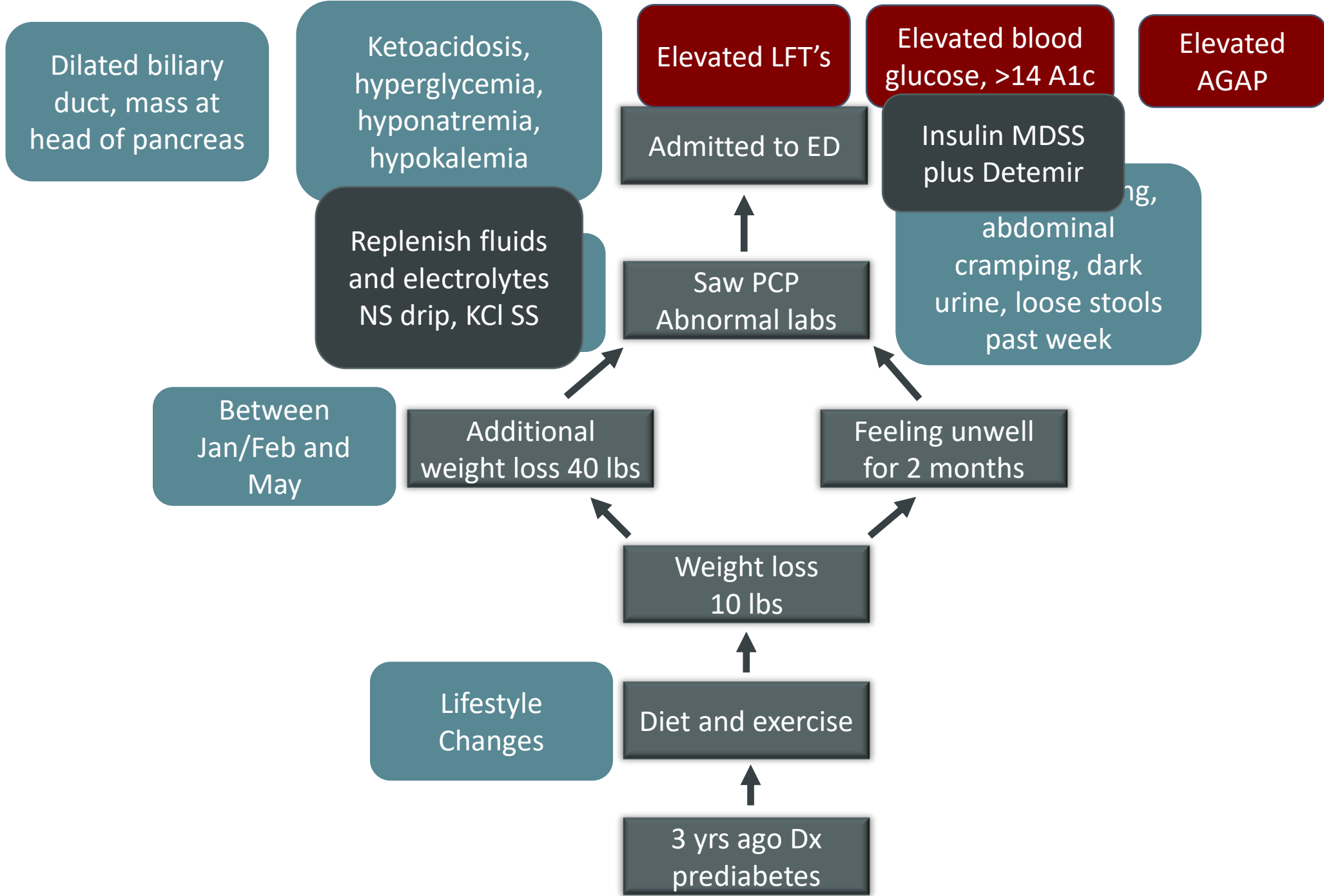
Feeling unwell for 2 months

Weight loss 10 lbs

Lifestyle Changes

Diet and exercise

3 yrs ago Dx prediabetes



Dilated biliary duct, mass at head of pancreas

Ketoacidosis, hyperglycemia, hyponatremia, hypokalemia

Admitted to ED

Nausea, bloating, abdominal cramping, dark urine, loose stools past week

Jaundice seen over last 3 days

Saw PCP
Abnormal labs

Additional weight loss 40 lbs

Feeling unwell for 2 months

Hepatitis – causes dark urine, N and V, jaundice, abdominal pain

Weight loss 10 lbs

Acute Pancreatitis – caused by a blockage/stones, produces N and V, jaundice

Diet and exercise

3 yrs ago Dx prediabetes

Dilated biliary duct, mass at head of pancreas

Ketoacidosis, hyperglycemia, hyponatremia, hypokalemia

Jaundice seen over last 3 days

Admitted to ED

Saw PCP
Abnormal labs

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Weight loss 10 lbs

Diet and exercise

3 yrs ago Dx prediabetes

Pancreatitis vs Diabetes
It's a reciprocal relationship

Thank You!