

Clinical Case Study

SITUATION	45M "John Smith" with oropharyngeal cancer living in rural NSW (8 hours from Sydney) requiring induction chemotherapy followed by 7 weeks of chemo-radiotherapy with prophylactic PEG feeding tube.
WHAT care was provided? (Action)	<ul style="list-style-type: none">• Initial malnutrition screening<ul style="list-style-type: none">- <i>Malnutrition screening (MST) performed via phone by Head & Neck Cancer Coordinator</i>- <i>Referral to Dietitian for MST score 4 (7-month history of dysphagia and 15% weight loss in 3-6 months).</i>• Initial Nutrition Assessment<ul style="list-style-type: none">- <i>PG-SGA = 12C</i>- <i>Dietitian assessment conducted face-to-face at Head & Neck MDT</i>- <i>Identified weight loss due to dysphagia secondary to tumour location limiting patient to a liquid diet.</i>- <i>Education was provided on High Protein, High Energy Liquid diet and John to commence oral nutrition supplements to meet nutrition requirements prior to treatment. Suggested John purchase home scales to monitor weight prior to treatment. John provided with supplement supply to take home.</i>- <i>John attended new patient appointment – weighed by nursing staff, automatic dietitian referral conducted due to nature of treatment and expected nutrition impact symptoms.</i>• Repeat malnutrition screening<ul style="list-style-type: none">- <i>John admitted to hospital for induction chemotherapy where weekly weight and MST were performed by nursing staff.</i>• Nutrition reviews<ul style="list-style-type: none">- <i>Reviewed by inpatient Dietitian during induction chemo</i>- <i>Weekly dietitian review including weight checks, nutrition assessment, nutrition education and oral/enteral supplement use during chemo-radiotherapy.</i>- <i>Fortnightly Dietitian phone review post treatment (patient returned home to rural NSW), with use of home scales to monitor weight and assist with progression of oral diet and weaning of enteral nutrition.</i>- <i>John attended for follow up 4 weeks and 3 months post treatment. PG-SGA was repeated at 3 months post treatment (score = 7B)</i>• Interventions<ul style="list-style-type: none">- <i>John educated on High Protein High Energy diet and commenced on oral nutrition supplements during prehab</i>

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	<ul style="list-style-type: none"> - <i>Enteral nutrition commenced during week 6 of chemo-radiotherapy due to worsening nutrition impact symptoms (dysphagia,odynophagia, dysgeusia)</i> - <i>Re-commencement of oral diet 4 weeks post treatment – John progressed over a period of 2 months from liquid diet to minced/moist diet and continues on a soft diet due to ongoing xerostomia.</i> - <i>Enteral nutrition was weaned as oral intake increased, with fortnightly Dietitian phone review.</i>
WHO delivered the care? (Actor)	<ul style="list-style-type: none"> • Malnutrition screening: <i>Head & Neck Cancer Care Coordinator and inpatient nursing staff</i> • Nutrition assessment and review – <i>H&N dietitian</i> • Symptom management - <i>medical staff, speech pathologist</i>
WHERE was the care delivered? (Context)	Inpatient and outpatient setting Specialist Oncology Service in NSW
WHO received care? (Target)	Adult patient undergoing treatment for oropharyngeal cancer
WHEN was care provided? (Time)	<ul style="list-style-type: none"> • <i>Initial screening – at treatment planning</i> • <i>Initial dietitian assessment – 2 months prior to treatment (prehab)</i> • <i>Rescreening – weekly during inpatient admission and at commencement of chemo-radiation</i> • <i>Nutrition review - during inpatient admission, weekly during chemo-radiation and at regular intervals until 3 months post treatment</i>
OUTCOMES	<p>The patient was identified early via phone malnutrition screening and referred to the dietitian for prehabilitation within a timely manner. This initiated weekly screening of weight to monitor for malnutrition. Early Dietitian intervention assisted to prevent further weight loss and improve nutrition status prior to commencing treatment.</p> <p>The early intervention of purchasing home scales to assist with phone reviews improved the accuracy of phone screening and assisted the Dietitian to provide accurate advice regarding nutritional intake to assist in improving malnutrition status.</p>