Clinical Case Study

SITUATION	39M refugee “John Smith”, recently moved to rural NSW with no English language skills (all interactions required interpreter), diagnosed with upper gastrointestinal cancer requiring neo-adjuvant treatment at tertiary referral hospital for a period of 5 weeks and further pre-habilitation in his local community prior to surgery.
WHAT care was provided? **(Action)**	• Initial malnutrition screening: - *Presented to hospital with oesophageal dysphagia and suspected malnutrition, for feeding tube insertion and treatment planning.* - *Weight on admission 45kg with history of 20kg weight loss (33%) in 3-6 months. MST completed: score of 4.* - *Referral to dietitian and speech pathologist* • Initial nutrition assessment: - *PG-SGA completed – score 16C, identified at risk of refeeding syndrome* - *Weight 45.2kg* - *Speech pathologist conducted swallowing assessment and recommended soft diet and thin fluids.* - *Commenced on soft HPHE diet* - *Patient requested food from home as hospital food not culturally appropriate* • Rescreening: - *weekly MST* during admission performed by nursing staff. • Nutrition review: - *Monday – Friday during inpatient admission* - *Day 8 post admission -recommendation for NGT insertion due to inadequate oral intake and regurgitation of food - patient not keen.* - *Day 15 post admission – patient agreeable to NGT insertion, increased risk of refeeding syndrome.* - *Patient transferred to rural hospital close to home for allied health input, including dietitian for continuation of NG feeds* - *Regular review by Oncology dietitian (2x/week) during neo-adjuvant chemotherapy and radiation at tertiary referral cancer service* - *Patient returned home to rural setting with support from local community dietitian, social work and refugee service following handover of nutrition plan by Oncology Dietitian.* • Multidisciplinary care: - *Clear communication required between surgical MDT, oncology MDT and rural health care professionals.*
WHO delivered the care? **(Actor)**	• Malnutrition screening – *nursing staff*

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	• Nutrition assessment and review – *hospital dietitian, specialist oncology and community dietitian* • Symptom management – *medical staff* • Multidisciplinary care - *social work, speech pathologist, interpreter service and refugee service*
WHERE was the care delivered? **(Context)**	Inpatient and outpatient setting Metropolitan Tertiary referral hospital, rural NSW hospital and home care.
WHO received care? **(Target)**	Adult patient undergoing neo-adjuvant treatment
WHEN was care provided? **(Time)**	• Initial screening – *day 1 of inpatient admission* • Initial nutrition assessment – *day 6 of inpatient admission* • Rescreening – *weekly during admission and neo-adjuvant treatment* • Nutrition review – *at regular intervals during the diagnostic, neo-adjuvant treatment and prehabilitation period of care*
OUTCOMES	The patient was able to optimise nutritional intake with the use of early intervention NGT feeding and therefore proceeded with curative intent chemo-radiation.

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