Clinical RDN staff relief

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**Summary**

I am doing my clinical rotation at Missouri Baptist. There are about 16 clinical RDNs in the hospital. Most of them are specialized in the specific focus area, so each dietitian covers different flour and area. The newly employed RDNs cove most flours. They also cover another dietitian that is off work. During the COVID-19, a lot that changes, and most RDs all over the hospital because Patients are on different flour and the number of dietitians on staff is less.

I covered some of the cardiac and neurology Patients on the first day of my staff relief week; then, I covered neurology Patients for the rest of my staff relief week. During my staff relief week, I went to the round every day at 10:30. It is essential to attend the round because there is important information that can be collected about Patients during rounds from the nurses and social workers. Some of this information is updated and detailed information that more than I can read from the charts.

On the neurology floor, there are many patients with stroke. Patients with stroke need to be seen by a dietitian as part of the stroke protocol. Some of the symptoms they experience are numbness of their extremity, weakness, and difficulty swallowing as a side effect for the stroke. Some of the patients who have difficulty swallowing are NPO until they are seen by speech therapy. If the result of the swallowing test is typical, which means the patient is not affected by a stroke. The patient can be advanced to an appropriate diet. The role of the dietitian is to chick with Patient tolerance when the diet advances and be sure that they get advanced to the right diet according to other diagnoses. Another important role of the dietitian as part of the stroke protocol is heart health education. A heart-healthy diet is provided to manage the stroke and as prevention.

Some patients on the neurology flour without diagnoses; they come to the hospital because they are having pain like server headaches or symptoms like numbness. I had a patient that stays a few days in the hospital with numbness and weakness in her left side face. They did all the tests needed. The result of her tests was normal, and she left without diagnosing when her symptoms were better. My role was to assess patient appetite and food intake and education about healthy heat diet as prevention. My experience with this patient was different because she did not speak English; her husband by her bedside was translating. This visit took much more time and explanation because the patient was worried about what happened to her.

Another patient was a very challenging case. He came to the ER for headaches and heart problems. He was 21 years old how diagnosed with stroke after MRI. DR thinks that he got an early stroke because of his rare syndrome, which is called Burgada syndrome. It is a very rare syndrome that causes irregularity in the heartbeats. His brother has a stroke at a very young age too, so it runs in the family. That was a unique case. My role was to assess his food intake, appetite, diet advancement after the speech therapy assessment. A heart-healthy diet handout was attached to his discharged documentation. Heart-healthy education was supposed to be done, but he was COVID-19 pending, so assessment needs to be done via phone.

During my staff relief week, I attended a virtual webinar about supplement testing. We must test three different new supplements during the lunchtime. We need to give feedback to the company. These supplements are new products, Kate Farms. The meeting was to share information about Kate Farms and our New Product, which are NEW Kate Farms Standard 1.4 Vanilla and Plain: Designed to Support Weight Gain and Maintenance, and NEW Kate Farms Pediatric Peptide 1.0 Vanilla: Made for Tolerance. Plant-based and clinically proven.

**Reflection**

I learn a lot about medical nutrition therapy through my medical rotation at Missouri Baptist Medical center. The staff relief week was a great opportunity to apply all the skills l learned during my medical rotations. It is not much different from the other week when it comes to working experience, but it is more load of work. After nine weeks of experience in the various rotation, the final week feels like real job experience with all the responsibility and the workload.

The neurology rotation was interesting because there are different diseases and diagnoses. It can be any diagnosis or not diagnose just sever symptoms or pain, so it can be challenging. During the neurology, I saw patients with different diagnoses and needs, such as stroke with very high A1C, or TIA with malnutrition, and weakened with high BP. Most of the patient has another issue that just a stroke but the stroke would be the reason for addition in many cases. The dietitian of neurology flour needs to address the other issues along with the main diagnoses. They need oy provided education as needed, whether it is a consistent carbohydrate, heart-healthy diet, or encouragement of increasing protein intake. I did all these education and assessment during my neurology rotation in the staff relief week.

This rotation was rewarding because it feels like practicing the role of a dietitian with all the responsibility. Another rewarding moment is three patients asked me for the outpatient dietitian contact information after I educated them. After I spent a god time on education, I encouraged them to continue meeting with an outpatient dietitian to help them reach their goals. They were motivated and wanted to make healthy lifestyle changes, they asked for the outpatient dietitian contact information.