**IDA REGISTERED DIETITIAN EXAMINATION**

**10th February 2018**

**Paper II-(Nutrition, Dietetics and Food Service Management)**

**Time: 2 &1/2 Hours Marks: 100**

**Answer All Questions**

**(Section A – 20 Marks)**

1. **Explain the following: (10 x 2=20 marks)**
2. Cardiac Cachexia
3. Criteria for diagnosis of SAM
4. Cushing’s Syndrome
5. Clinical manifestations of Pellagra
6. Zellweger’s syndrome
7. Dawn’s Phenomenon
8. What is ERCP? Explain Briefly.
9. Any two nutrition screening tools.
10. Explain significance of following tests
    * 1. TPO antibody
      2. Microalbuminuria
11. Explain the terms in food service management:

i. Value analysis of food products ii. Make or buy decision

**(Section B – 50 marks)**

**II. All the questions are compulsory.**

1. **Choose the correct answer. (5 X1 = 5 marks)**
2. A resting heart rate over 100 beats per minutes is called
3. Bradycardia ii. Hypercapnia iii. Hypoxia iv. Tachycardia
4. 100 ml of buffalo milk contains \_\_\_\_\_ mg of Calcium.
5. 120 mg ii. 60 mg iii. 210 mg iv. 90 mg
6. Recommended dietary allowance of Iron for pregnant woman is
7. 28 mg ii. 38 mg iii. 30 mg iv. 36 mg
8. Softening and ulceration of cornea is called

i) Keratomalacia ii. Bitot’s spot iii. Xerophthalmia iv. Conjuctival Xerosis

1. 1 gram of salt is equal to how may gram of sodium?

i. 40 g ii. 440 mg iii. 500 mg iv. 400 mg

1. **Answer the following (2 X 5 = 10 marks)**
2. Explain ESPEN 2016 guidelines for initiating of Parenteral Nutrition for critically ill patients
3. Differentiate between Monomeric vs. Polymeric enteral formulas
4. Differentiate between
5. Job description vs. Job specification
6. Line organization Vs Functional organization
7. Nutritional management of Fulminant hepatitis
8. Explain Pre eclampsia and hyper emesis in pregnancy
9. **Write True or False and explain. (5 X1 = 5 marks)**

1. Enteral should be withheld if Gastric residual volume is <200ml.

2. Artherosclerosis is a chronic inflammatory disease.

3. High protein diet decreases absorption of dietary calcium

4. Insulin therapy in diabetes patient may lead to weight gain.

5. Margarine is the richest Dietary source of Vitamin D.

**D. Fill in the blank: (5 X1 = 5 marks)**

1. Chronic use steroid therapy increases the risk of \_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. Loss of minerals \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_ is seen in acute gastroenteritis.

3. \_\_\_\_\_\_\_\_\_\_\_\_\_ is geometrical isomers of Cis- unsaturated fatty acids.

4. Excessive level of fluorine in drinking water of infant/ children leads to \_\_\_\_\_\_\_\_\_\_.

5. Enzyme \_\_\_\_\_\_\_\_\_\_\_\_ is a most valuable index of osteoblastic activity

**E. Explain the following: (5×5= 25 marks)**

1. ARDS and SIRS

2. Nutritional management of kidney transplant patients

3. i. Effect of malnutrition on gastrointestinal function

ii. Renal Osteodystrophy

1. i. Explain two food borne illnesses

ii. Two Theories of aging

1. Role of quality of fat in cardiovascular health

**(Section C – 30 marks)**

1. **Answer any two of the following: (15 X 2 = 30 marks)**
2. Mr. Sudeep Agarwal, 40year old, with cancer of buccal mucosa presented with swallowing difficulty, history of weight loss, undergone excision surgery, presently on radiation therapy, difficulty in mouth opening, passing hard stools, dry tongue, Sunken eyes. Fed through Ryle’s tube.

**Anthropometric details:**

Food habits: Vegetarian

Height: 165cm, Weight: 45 Kg

Hb10.5gm%, RBS: 100mg/dl, BUN: 20 mg/dl, Creatinine: 1.0 mg/dl, Na: 135meq/l, K: 4.3 meq/l, Albumin: 2.4gm/dl, SGOT/SGPT 20 U/ L/23 U/L

Input / Output: adequate

1: Interpret the case based on given information (2)

2: explain nutritional implication of radiation therapy (2)

3. List down the objectives for nutritional management. (1)

4. Calculate Energy and macronutrient and fluid requirement. (2)

5. Plan a day’s Feed. (7)

6. Write disease specific nutrition for this case. (1)

1. 2. Mrs. Sunita Shetty, 32 year old, MNC employee, Primi , 6 months pregnant

Presented with deranged OGTT, raised blood pressure, pedal edema, polyphagia, and polyuria.

**Details:**

Food habits: Mixed diet

Height: 159cm, Present Weight: 63 Kg, Pre pregnancy weight: 52 Kg

Hb11.5gm%, RBS: 200mg/dl, BUN: 20 mg/dl, Creatinine: 0.8 mg/dl, Na: 141meq/l, K: 4.6 meq/l, Albumin: 3.4gm/dl, SGOT/SGPT 32 U/ L/ 23 U/L

OGTT

FBS: 140mg/dl

1 hour: 192 mg/dl

2 hour: 185 mg/dl

Input / Output: adequate

Treatment: Insulin NPH (Regular) 6 – 6 - 6

Insulin Intermediate (30/70) 8 - X– X - 8

BBF BL BD Bedtime

Calcium, Iron, folic acid supplements

1: Interpret the case based on given information (2)

2: Explain the risk of GDM for the infant (2)

3. List down the objectives for nutritional management. (1)

4. Calculate Energy and macronutrient and fluid requirement. (2)

5. Plan a day’s diet (7)

6. Mention the functional foods for the present condition (2)

1. Mr. Ramesh Singh, 60 year old, Known case of type 2 diabetes since 15 years, Hypertensive since 12 years, presented with dyspnea at rest, decreased urine output, urine frothy, Weight loss present, loss of appetite   
   **Anthropometric details:**

Food habits: Mixed diet

Height: 169 cm, Weight: 72 Kg

Hb10.4gm%, RBS: 201 mg /dl, BUN: 45 mg/dl, Creatinine: 3.2 mg/dl, Na: 135meq/l, K: 5.7 meq/l, Albumin: 2.7gm/dl, SGOT/SGPT 20 U/ L/23 U/L

24 hour urine protein: 7 gm/day

Urine Input/ Output 1350 ml / 800 ml

Treatment: Dieuretics: Insulin NPH (Regular) 6 – 6 - 6

Insulin Intermediate (30/70) 8 - X– X - 8

BBF BL BD Bedtime

1: Interpret the case based on given information (2)

3. List down the objectives for nutritional management. (2)

2: Write the Protein, energy, fluid, electrolyte prescription for this patient (2)

4. Explain the insulin action, peak and onset with meal distribution (3)

5. Plan a day’s Feed. (6)