



**CLINICAL OBSERVATION AND LEARNING ON NUTRITIONAL
INTERVENTIONS AND MULTIDISCIPLINARY APPROACHES IN
BURN PATIENTS**

**AN INTERNSHIP REPORT
BY**

**NUSRAT RAHMAN
ID: 201-34-1120**

Submitted to the Department of Nutrition and Food Engineering in the partial fulfillment of
B.Sc. in Nutrition and Food Engineering

Supervised by

Lipi Rani Mondal

Lecturer

Department of Nutrition and Food Engineering

FACULTY OF HEALTH AND LIFE SCIENCES (FHLS)

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APPROVAL

This Project titled “**Clinical observation and learning on nutritional intervention and multidisciplinary approaches in burn patient**” submitted by **Nusrat Rahman** to the Department of Nutrition and Food Engineering, Daffodil International University has been accepted as satisfactory for the partial fulfillment of the requirements for the degree of B.Sc. in Nutrition and Food Engineering and approved as to its style and contents.

EXAMINING COMMITTEE

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Internal Member-2 _____

Dr. Nizam Uddin
Head
Nutrition and Food Engineering
Faculty of Health and Life Sciences
Daffodil International University

DECLARATION

We hereby declare that we have done this project under the supervision of **Ms. Lipi Rani Mondal, Lecturer, Department of Nutrition and Food Engineering**, Daffodil International University. We also declare that neither this project nor any part of this project has been submitted elsewhere for the award of any degree.

Supervised by:

Lipi Rani 08/12/24

Lipi Rani Mondal

Lecturer

Department of Nutrition and Food Engineering

Daffodil International University

Submitted by:

Nusrat Rahman

Nusrat Rahman

ID: 201-34- 1120

Department of Nutrition and Food Engineering

Daffodil International University

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Finally, I must acknowledge with due respect the constant support and patience of my parents.

EXECUTIVE SUMMARY

The internship program at the National Institute of Burn and Plastic Surgery, Dhaka. I lasted one month, from February 1st to April 30th. The primary objectives of this internship were to develop hands-on skills in patient care and to learn from observing the interactions between patients and nutritionists. I learned about burn patient diet charts and NG feeding during my internship. During my internship, it was noted that a particular group of patients exhibited insufficient adherence to their prescribed dietary routines. The internship program provided me with an invaluable opportunity to gain insights and expertise that will significantly enhance my personal and professional development in the long run. By following prescribed dietary plans, patients can manage their diabetes and other health conditions effectively. Additionally, I have recognized the potential advantages of incorporating changes to help reduce the symptoms and complications faced by burn patients. I can confidently say that my experience in this internship program has greatly broadened my understanding of the professional world.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

A burn is an injury to the skin or other tissues caused by chemicals, heat, radiation, friction, or electricity. Burns are a major global health concern, responsible for an estimated 180,000 deaths annually, most of which occur in low- and middle-income countries (Megan M. Rybarczyk, 2017). Community surveys conducted in Ethiopia and Bangladesh have found that 80-90% of burn injuries occur at home (*Burns*, n.d.). In Bangladesh, fire-related accidents and other burn hazards are so prevalent that burn injuries have long been a significant public health concern.

A severe burn can be a life-changing injury, both physically and mentally, affecting not only the burn victim but also their entire family. Individuals who suffer severe burns may experience physical limitations, such as the loss of limbs, deformities, reduced mobility, scarring, and recurrent infections, as the burned skin's ability to fight infections is weakened. The treatment approach varies depending on the specific cause and severity of the burn. A minor burn generally covers less than 10% of the total body surface area (TBSA), with superficial burns being the most common. Severe burns are less clearly defined, but classifications often include burns covering over 10% TBSA in elderly patients, over 20% TBSA in adults, and over 30% TBSA in children (Schaefer & Lopez, 2023). Because severe burn care creates major metabolic difficulties, nutritional supplementation is important and challenging for burn patients. Accurate diagnosis and fulfillment of dietary requirements are essential for the care of these individuals. Although there

1.2 Reason for Choosing Burn

Daffodil International University is a reputed university that provides a Department of Nutrition and Food Engineering. Internships are a valuable opportunity for students and offer a unique opportunity to bridge the gap between academic learning and gain real-world experience, develop professional skills, and make industry connections. At the end of the eleventh semester, BSc. students must complete an internship with a reputable organization, maybe in the food or health sectors. I did many studies on other industries, hospitals, and organizations. I picked National Institute of Burn and Plastic Surgery because it would allow me to learn everything there is to know about various food charts, comprehend the situations that patients face, and improve my communication abilities. My academic and professional objectives aligned well with this experience and improved my understanding and practical experience.

1.3 Recruiting Procedure for Intern

With guidance from my supervisor, Ms. Lipi Rani Mondal, I spoke to NIBPS senior officer Mst Sahina Khatun, who advised me to apply to the director. After completing the formalities and delivering the letter, I waited a few days before receiving a call from NIBPS to confirm the start of my internship.

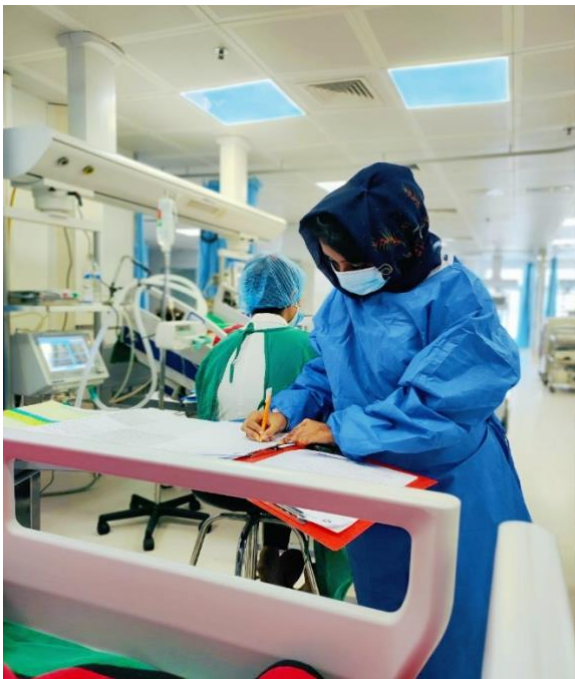


Figure 1. National Institute of Burn and Plastic Surgery (NIBPS)

CHAPTER 2

HOSPITAL OVERVIEW

2.1 Historical Background

National Institute of Burn and Plastic Surgery (NIBPS) is a hospital dedicated to burning and plastic surgery situated in Dhaka, Bangladesh. It is the world's largest burn and plastic surgery institute (National Institute of Burn and Plastic Surgery, 2020). The center was established in response to the increasing demand for all-encompassing and specialized burn injury treatment. In 1986, Prof. Dr. Mohammad Shahidullah, the nation's first plastic surgeon, established the first burn unit at Dhaka Medical College Hospital, starting with just six beds. In 2003, under the direction of Dr. Samanta Lal Sen, the number of beds was increased to 50, later expanding to 100 beds. By 2013, the capacity was further increased to 300 beds. On October 24, 2018, Sheikh Hasina established the foundation for a specialized burn institute. The Executive Committee of the National Economic Council (ECNEC) approved the project, and the hospital began operations on July 4, 2019.

The 15-story institute, built at a cost of Tk 5.22 billion as part of the government's effort to meet the nation's healthcare needs, will help treat more burn patients and train additional plastic surgeons. The facility includes 12 operating rooms, 22 HDU units, 22 ICU beds, and an overall capacity of 1,000 beds. It is expected to serve approximately 600,000 people who sustain burn injuries in Bangladesh each year.

2.2 Mission

- ❖ To offer high-quality care at the most reasonable cost so that all citizens of our nation can access this extremely specialized plastic surgery service.
- ❖ To become a center of special excellence for burn patients, providing specialized plastic surgical care accessible to every citizen in our country.

2.3 Vision

- ❖ To present the highest standards in advanced technology, learning opportunities, patient management, surgery, and ethics.
- ❖ Representing a center of excellence and Bangladesh's source of pride

2.4 Departments of NIBPS

ICU Unit: The ICU in this hospital is a highly specialized unit that provides critical care to patients with severe burns. It contains 22 beds and is staffed by a multidisciplinary team of medical professionals, including burn surgeons, critical care specialists, nurses, respiratory therapists, dietitians, and psychologists. This team collaborates to provide comprehensive treatment, focusing on wound management, fluid resuscitation, infection control, pain management, and rehabilitation. The percentage of total body surface area (TBSA) burned that requires admission to a burn ICU is determined by various factors, including burn depth, patient age, underlying health conditions, and the presence of other injuries (such as inhalation injuries or trauma). A patient with a 60–90% TBSA burns typically requires an ICU stay.

HDU Unit: A High Dependency Unit (HDU) for burn patients is a specialized unit within a hospital that provides more care than a standard ward but less intensive monitoring and treatment than ICU. The HDU of this hospital contains 28 beds. Pain management is a primary concern in burn HDUs.

OT Unit: A key component of the all-encompassing care given to burn patients is operation theatre (OT), which focuses on enhancing their quality of life and supporting their independence when suffering a burn injury. A burn hospital's operating room is an essential location for life-saving and reconstructing treatments meant to maximize functional and aesthetic results, reduce complications, and increase the patient's possibilities for recovery. There are 12 operating rooms in this unit.

Emergency Unit: Patients with burn injuries, that vary from minor to life-threatening, require immediate and specialized care in the Emergency Unit of this hospital, which is a mandatory facility. The emergency unit has been provided with a trained medical team and all the tools it needs to handle these kinds of emergencies Outdoor service, 24-hour Ambulance service, a blood bank, and a Central Oxygen supply.

CHAPTER 3

LEARNING

3.1 Duration of Internship

I worked as an intern for two months. I began work on February 2, 2024, and completed it on April 22, 2024. I worked five hours a day, from 10:00 AM until 4:00 PM was my job schedule. I decided to take Friday off.

3.2 Learning Process

Internships are a vital part of the educational process for nutrition program graduates. My everyday routine is set up to offer a thorough educational experience. On my first day, I was assigned to engage with patients and observe how the doctor and nutritionist interacted with them. My primary responsibility involved drafting and approving diet plans for patients in the High Dependency Unit (HDU), determining their dietary needs, and creating suitable meal plans. I would also discuss each patient's concerns and review their medical records.

In the Intensive Care Unit (ICU), where nutritional needs are more immediate and complex, my focus shifted to designing specific diet charts to meet each patient's requirements. I observed patients in the ICU and reviewed their menus to ensure their needs were met. Additionally, I attended a two-hour lecture by nutrition expert Dilara Maqbool Ma'am, covering advanced nutrition issues, real-world applications, and current developments in the field.

Through that internship, I aimed to enhance my knowledge of nutritional therapy, gain practical experience in diet planning and patient care, and apply my academic understanding to real-life situations throughout the internship.

This is how my internship at the National Institute of Burn and Plastic Surgery ended.

3.3 Internship Objectives

- To learn about Burn
- To learn about various types of burn
- To learn how nutritionist deals with patients
- To learn how to develop a diet chart according to the burn patient

3.4 Burn

A burn is a heat-related (hot liquids, solid, fire, cold) injury to the skin or other organic tissues due to radiation, radioactivity, electricity, friction, or contact with chemicals, friction, or ultraviolet radiation. The severity or degree of the burn affects the different burn symptoms. The first few hours or days after a burn are usually when symptoms also get serious.

Burns are classed as first, second, or third-degree based on how deeply and badly they penetrate the skin's surface.

- First-degree (superficial) burns, only damage the skin's outer layer or epidermis.
- Second-degree (partial thickness) burns both the epidermal and dermal layers of skin are impacted
- Third-degree (full thickness) burns impact fat, dermis, and epidermis, the three layers of the skin These complications frequently result in death

Types of Burn

- **Electrical burns:** Electrical injuries occur when a high-energy current pass through the body after contact with an electrical source. Serious injuries that are not immediately noticeable can result from electrical burns. Often, it is challenging to determine the entry and exit points of the electrical shock. Treatment depends on the degree of electrical contact and the duration of exposure.
- **Chemical burns:** Tissue damage by chemicals such as paint thinner, drain cleaners, strong acids, gasoline, and many more can result in chemical burns.
- **Friction burns:** Friction burns result from a combination of heat and severe damage that becomes stronger by rapid motion. When skin comes into contact with a hard surface such as a road, the floor, etc. it can cause a friction burn.
- **Thermal Burns:** Thermal burns are skin injuries caused by exposure to high heat, typically from contact with hot surfaces, liquids, steam, or flames. The most frequent type of thermal burn in children is a scald, whereas the most common cause of thermal burns in adults is fire
- **Radiation Burns:** An injury to the skin or other biological tissues and organs caused by radiation is known as a radiation burn. The four most concerning types of radiation are ionizing radiation, thermal radiation, radiofrequency energy, and UV light. Sunburns caused by UV radiation are the most common type of radiation burn.

3.5 The Physiological Effects of Burns:

Severe burns can penetrate deep skin layers, damaging tissue or muscle and impacting multiple body systems. The psychological consequences of such injuries include the emotional and mental effects of chronic pain on well-being, often leading to depression, anxiety, and a reduced quality of life. Common sources of distress include concerns about finances, the impact on family members, anxiety about the future, physical discomfort, and ongoing discomfort as nerves repair, which may last for months. Emotional stress has been shown to affect both the body (such as the immune and digestive systems) and the mind (e.g., memory loss). Large scars, particularly on visible areas like the face, can be disfiguring and lead to emotional challenges. Additionally, feelings of sadness, nightmares, or flashbacks related to the traumatic incident are common. The psychological effects of a burn injury can be intensified if a friend or family member, or personal belongings, were lost in the fire.

CHAPTER 4

DIETARY MANAGEMENT

4.1 Dietary treatment

Nutrition is essential for supporting recovery, increasing the immune system, and reducing the metabolic demands brought on by burn injuries, accordingly, dietary treatment is an integral part of care for burn patients. The body naturally loses protein because muscle is broken down for energy during the repairing process. Because of the stress that burns cause, the body requires more calories and nutrients than before, consequently, a well-planned diet is essential for healing. This plan aims to encourage tissue repair, avoid problems, and improve overall healing results by ensuring sufficient energy, protein, and important elements are absorbed.

Malnutrition

For burn patients, a high-protein diet is necessary. because burn wounds cause the body to lose protein, and muscles will break down to provide more energy for the healing process There should be protein at every meal and snack. The extra protein aids in the regrowth of lost muscle. The main objective of nutrition therapy after severe burn injury is to satisfy the unique needs that hypermetabolism places on the body. When healing from a burn, they also require a diet higher in carbs. In actuality, the majority of their nourishment consists of carbohydrates. Burn injuries require glucose as fuel. For example, if a patient needs 3,000 kcal in total energy, 1,650–1,800 kcal should come from carbohydrates. That comes out to about 400–450 grams of carbs a day. A healthy diet may reduce the detrimental loss of protein, immune dysfunction, stored energy, decreasing the immune system, losing too much weight, and slowing down the healing process if a patient doesn't eat well. Generally, patients receive vitamin and mineral supplements with a high-protein, fat-containing diet.

Albumin

Albumin is a blood protein that helps to regulate inflammation, especially helps to stop cell leakage in the burn patient's body and sustain overall fluid balance. Albumin levels in burn patients are of special concern due to injury-related factors. "Albumen" refers to the transparent liquid inside an egg that protects the yolk. It differs from "albumin," a protein discovered in blood plasma and other bodily fluids.

4.2 Nutritional Supports for Burn Patients

Protimeal-Albumen

Protimeal Albumin is a nutrient-rich diet formulated for burn and trauma patients. Enriched with egg albumin, vitamins, and minerals, it helps reduce catabolism and supports low serum albumin, and its 68% egg albumin content promotes faster recovery.

Nutri-child

The Complete Balanced Formula NUTRICHILD was created to help maintain a child's optimal nutritional status when their dietary source of sustenance. It has gluten- and lactose-free instructions and carbs that are balanced and enhanced with 13 vitamins and 12 minerals

Revit R

REVIT-R is a complete, balanced dietary formula for adults, designed for CVD patients, the elderly, or those needing liquid diets, including burn, surgical, and malnourished patients. It is high in unsaturated fatty acids to reduce heart risks and LDL cholesterol, and it is gluten- and lactose-free with essential $\omega 3$ and $\omega 6$ fatty acids.

RN Diabetes

RN Diabetes is a nutritionally complete formula specifically formulated for people with type 1 or type 2 diabetes that includes the right amounts of proteins, lipids, carbohydrates, minerals, and vitamins. It is Specially used for burn patients.

4.3 NG Feeding

A thin delicate tube called a nasogastric tube (NG) tube is inserted via the nose. Nasogastric (NG) tube feeding is frequently used for burn victims, especially those with severe injuries, as it is an essential part of nutritional care. Individuals with extensive burns require increased protein and caloric intake, and early feeding intervention is an established therapeutic approach. All patients with burns covering more than 20% of their body surface should most likely receive an NG tube. In these situations, NG tube feeding offers the gastrointestinal system a direct and efficient way to get vital nutrients. Early enteral nutrition via an NG tube, usually during the first 24-48 hours after injury, is critical for decreasing the metabolic consequences of burns, preserving the health of the intestinal tract, and lowering the risk of infection. Using NG tubes in burn patients enables the delivery of high-calorie, high-protein formulae specifically formulated to match the patient's heightened nutritional needs, hence playing an important role in the patient's recovery process.

Burn patients need high-protein and high calories food

Patients require a high-protein diet because burn wounds cause significant protein loss, and the body breaks down muscle tissue to generate additional energy needed to produce the extra energy needed to promote healing.

Calorie Requirement for Adult Burn Patient

Suppose, a patient has 45% Burn and his/her weight 65kg. how many calories does he/she need?

$$\begin{aligned} & \diamond 25 \times (\text{patient Weight}) + 40 \times (\% \text{ of burn patient}) \\ & = 25 \times 65 + 40 \times 45 \\ & = 3425 \text{ Kcal needed for this burn patient} \end{aligned}$$

Calories Requirement for Child Burn Patient

Suppose, a patient has 20% Burn and his/her weight is 12 kg. How many calories does he/she need?

$$\diamond 60 \times (\text{patient Weight}) + 35 \times (\% \text{ of burn patient})$$

$$= 60 \times 12 + 35 \times 20$$

$$= 1420 \text{ Kcal needed for this burn patient}$$

4.4 General Diet Chart for adult burn patient (Adult patient gets 200ml per feeding) and calorie requirement for (adult burn patient 4200 kcal)

SL No	Time	Feed
1	6am	Protineal Albumen
2	8 am	Protineal Albumen
3	10am	Chicken+ Egg + Oil + Shabu
4	12 pm	Chicken+ Egg + Oil + Shabu
5	2 pm	Milk + Oil+ Shabu
6	4 pm	Milk + Oil+ Shabu
7	6 pm	Chicken+ Egg + Oil + Shabu
8	8 pm	Chicken+ Egg + Oil + Shabu
9	10 pm	Revit-R
10	12 pm	Revit-R

4.5 Diet Chart for child burn patient (Adult patient gets 50 to 80ml per feeding) and calorie requirement for (child burn patient 1000 to 1200 kcal)

SL No	Time	Feed
1	6 am	Nutri-child
2	8 am	Nutri-child
3	10 am	Chicken+ Egg + Oil
4	12 pm	Chicken+ Egg + Oil
5	2 pm	Milk + Oil
6	4 pm	Milk + Oil
7	6 pm	Chicken+ Egg + Oil
8	8 pm	Chicken+ Egg + Oil
9	10 pm	Nutri-child
10	12 pm	Nutri-child

CHAPTER 5

CONCLUSION

5.1 Learning Outcomes

My experience at the National Institute of Burn and Plastic Surgery Unit was profoundly rewarding, enhancing my personal and professional growth. I gained insight into the complexities of burn treatment, recognizing the importance of emergency care and long-term rehabilitation to restore patients' quality of life. This experience also deepened my understanding of empathy and the human aspect of medicine through close work with patients facing significant emotional and physical challenges. Additionally, I have learned a great deal about the most recent developments in burn care and research, knowledge that will be helpful to me in my future profession. To sum up, this internship has been a crucial development for my career.

5.2 Conclusion

Burn injuries are among the most complex forms of trauma, impacting both physical and mental health. Effective burn care requires a multidisciplinary approach that addresses immediate medical needs, long-term recovery, and rehabilitation. Burns can result in severe pain, permanent scarring, and disability, profoundly affecting patients' lives. Psychologically, many experience social isolation, anxiety, and emotional distress. Therefore, a collaborative team of specialists provides comprehensive care, including medical treatment, psychological support, and social reintegration. Advances in burn therapy have improved survival rates and outcomes, but recovery remains challenging, requiring ongoing support from family, friends, and healthcare providers.

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APPENDIX

Case Study 1

MD. Jahangir Hosain, A 40-year-old man from Pabna, has been brought to the NIBPS hospital due to several burn health issues. He is affected by flame burns 45% is also hypertensive, and has diabetes. To provide effective medical care, the patient's data, including address and admission details (ward number 601 Male HDU, Bed no 7) his weight is 80 kg. Calculate how many calories will need in a day and make an NG feeding chart for this patient.

1. Information about Patients

Date: 06/02/24

❖ Name	: Jakir Hosain
❖ Name of the hospital	: NIBPS
❖ Admission date	: 5/ 02/24
❖ Reason for admission	: 45% Flame burn
❖ Sex:	: Male
❖ Unit name	: Purple
❖ Ward No	: 601-MH DU
❖ Bed No	: 07
❖ Age	: 40 years
❖ Weight	: 80 kg

2. Diet plan (for the present condition) = High Protein Diet (200ml×2hr×10 feed)

$$\begin{aligned}\text{Daily calorie requirement} &= (25 \times 80) + (40 \times 45) \\ &= 3800 \text{ Kcal}\end{aligned}$$

5. Diet Chart for Patients:

SL No	Time	Feed
1	6am	Protineal Albumen
2	8 am	Protineal Albumen
3	10am	Chicken+ Egg + Oil + Shabu
4	12 pm	Chicken+ Egg + Oil + Shabu
5	2 pm	Milk + Oil+ Shabu
6	4 pm	Milk + Oil+ Shabu
7	6 pm	Chicken+ Egg + Oil + Shabu
8	8 pm	Chicken+ Egg + Oil + Shabu
9	10 pm	RN- Diabetes
10	12 pm	RN- Diabetes

Chart of Rough Estimations

Food Item	Feeding amount	Calories
Protimmeal Albumen	6 spoons (200 ml)	800 kcal
Shabudana	100 gm	336 kcal
Milk	100gm	440 kcal
Egg White	8 pcs (white)	416kcal
Chicken	400gm	916kcal
Oil	36 teaspoon oil	1620kcal
	Total	4274kcal

In a burn diet chart, each nutrient is carefully selected to support the body's unique nutritional needs for healing. Specific nutrients are required for full recovery from burns, and each nutrient protein, carbohydrate, fat, and vitamin have been chosen to meet these needs. These nutrients work together to rebuild tissue and protect against infection.

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Case Study 2

Atifa Khatun, A 5-year-old baby from Dhaka, has been brought to the NIBPS hospital due to burn health issues she is affected by scald burns 30%. To provide effective medical care, the patient's data, including address and admission details (ward number 701 Female HDU, Bed no 3) her weight is 15 kg. Calculate how many calories will need in a day and make an NG feeding chart for this patient.

1. Information about Patients

Date: 12/02/24

❖ Name	: Atifa khatun
❖ Name of the hospital	: NIBPS
❖ Admission date	: 12/ 02/24
❖ Reason for admission	: 30% Flame burn
❖ Sex:	: Female
❖ Unit name	: Pink
❖ Ward No	: 701-FHDU
❖ Bed No	: 09
❖ Age	: 05 years
❖ Weight	: 15 kg

2. Diet plan (for the present condition) = High Protein Diet (50ml×2hr×10 feed)

$$\begin{aligned}\text{Daily calorie requirement} &= (60 \times 15) + (35 \times 30) \\ &= 1950 \text{ Kcal}\end{aligned}$$

3. Diet Chart for Patients:

SL No	Time	Feed
1	6 am	Nutri- child
2	8 am	Nutri- child
3	10 am	Chicken+ Egg + Oil
4	12 pm	Chicken+ Egg + Oil
5	2 pm	Milk + Oil
6	4 pm	Milk + Oil
7	6 pm	Chicken+ Egg + Oil
8	8 pm	Chicken+ Egg + Oil
9	10 pm	Nutri- child
10	12 pm	Nutri- child

Chart of Rough Estimations

Food Item	Quantity	Calories
Milk	300 gm	132 kcal
Egg White	4 pcs	208 kcal
Chicken	200gm	480 kcal
Oil	10 teaspoon oil	450 kcal
	Total	1270 kcal

I am using Nutri-child for the baby, who has suffered a 30% scald burn. I provide 50 ml across 10 feeds, which supplies the baby with essential macronutrients. I don't include additional carbohydrates because Nutri-child already contains a balanced portion.

Case Study 3

MD. Ashiqur Rahman, 60 years old, from Mymensingh, has been admitted to the National Institute of Burn and Plastic Surgery (NIBPS) hospital with multiple burn injuries. He has sustained 35% total body surface area (TBSA) burns and is also a chronic kidney disease (CKD) patient with a serum creatinine level of 9 mg/dL, requiring dialysis twice a week. He is currently in Ward 601, Male HDU, Bed no. 12, and weighs 75 kg.

1. Information about Patients

Date: 10/02/24

❖ Name	: MD. Ashiqur Rahman
❖ Name of the hospital	: NIBPS
❖ Admission date	: 9/ 02/24
❖ Reason for admission	: 35% Flame burn
❖ Sex:	: Male
❖ Unit name	: Green
❖ Ward No	: 601-MH DU
❖ Bed No	: 12
❖ Age	: 60 years
❖ Weight	: 75 kg

2. Diet plan (for the present condition) = High Protein Diet can harm the kidney (200ml×2hr×10 feed)

$$\begin{aligned}\text{Daily calorie requirement} &= (25 \times 75) + (40 \times 35) \\ &= 3275 \text{ Kcal}\end{aligned}$$

3. Diet Chart for Patients:

SL No	Time	Feed
1	6am	Protimeal Albumen
2	8 am	Protimeal Albumen
3	10am	Egg + Oil + Shabu
4	12 pm	Egg + Oil + Shabu
5	2 pm	Milk + Oil+ Shabu
6	4 pm	Milk + Oil+ Shabu
7	6 pm	Egg + Oil + Shabu
8	8 pm	Egg + Oil + Shabu
9	10 pm	Renovit
10	12 pm	Renovit

Chart of Rough Estimations

Food Item	Feeding amount	Calories
Protineal Albumen	100 ml	800 kcal
Shabudana	100 gm	336 kcal
Milk	100gm	440 kcal
Egg White	8 pcs (white)	416 kcal
Oil	36 spoon oil	1620 kcal
	Total	3612 kcal

In a burn patient diet chart for chronic kidney disease patients with elevated serum creatinine (9mg/dl), the nutrient choices are carefully selected to support healing, control symptoms, and protect kidney patients. Chicken is a protein-dense food and too much protein can lead to increased urea production, In CKD patients the kidneys struggle to filter waste in the blood.

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