DIET CHART FOR DIABETIC PATIENTS OF BIRDEM GENERAL HOSPITAL

BY

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

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APPROVAL

This Project titled **"Diet Chart for Diabetic patients of BIRDEM General Hospital",** submitted by **Arpita Ghosh Tuly** 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. The presentation has been held on **05/09/2023.**

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DECLARATION

I hereby declare that, this project has been done by me under the supervision of **Md. Nawal Sarwer, Lecturer, Department of NFE,** Daffodil International University. I also declare that neither this project nor any part of this project has been submitted elsewhere for award of any degree or diploma.

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EXECUTIVE SUMMARY

The Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine, and Metabolic Diseases in Shah Bagh, Dhaka, Bangladesh is a 600-bed multidisciplinary sanitarium complex of the Diabetes Association of Bangladesh. With Bangladesh's fiscal backing, the sanitarium was established in 1980. Every day, 3,000 cases are admitted to the inpatient department (OPD) in BIRDEM. There's no other sanitarium in Bangladesh that treats so numerous diabetic cases. A proper diet will help the diabetic case avoid certain threat factors similar as infections, injuries, etc. It's the most important thing for people to get proper nutrition when recovering from a complaint. An acceptable diet will reduce the dangerous loss of spare body mass, stored energy, and protein. Without a proper diet, anyone can stifle the mending process, gain weight, and suppress the vulnerable system. The Diabetic Association for Pakistan (latterly Bangladesh Diabetic Association) was formed under the leadership of public professor Muhammad Ibrahim in February 1956. He offered a ground bottom room of his home in Segunbagicha, Dhaka, to be used by the association, and there he began inpatient services for diabetes. While Bangladesh was still part of Pakistan, the government granted the association land in Segunbagicha for a sanitarium. BIRDEM sanitarium was inaugurated in 1980 at Shah Bagh. In 2013, BIRDEM- 2 sanitarium was started in Segunbagicha.

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CHAPTER 1

Introduction

1.1 Introduction

The primary end of nutritive backing for diabetic cases is to meet the increased sweet conditions assessed by their hypermetabolic state while avoiding overfeeding. Over time, multitudinous styles have been used to estimate the sweet conditions of cases. Since recovery from any illness requires more calories and protein than any other injury, they can carry more nutrients than oral intake. In this situation, tube feeding will provide more nutrition. A soft, flexible tube inserted through the nose reaches the stomach and delivers a liquid formula that contains all the nutrients needed for repair. Tube feeding is allowed to continue as long as needed. In reflection, they may need to include nutrient-dense snacks and drinks. Drinking a milkshake or smoothie, for example, can help you meet your calorie and protein requirements. The price is high. Protein-rich foods include meat, fish, eggs, legumes, milk, yogurt, nuts, and nuts. At every meal and as a snack, you should eat foods high in protein. The health care team can define vitamins if needed. A dietitian can help you in the sanatorium to ensure you are getting the nutrition you need to heal. The dietitian monitors your weight, nutritional input and labor, crack mending, and blood condition of proteins and vitamins. After leaving the sanatorium, maintaining a stable way is to ensure that you are receiving nutrition.

1.2 Origin of The Report

The undergrad demand for the Department of Nutrition and Food Engineering (NFE) scholars at Daffodil International University is an internship program. The main purpose of an internship program isn't only to prepare a pupil for a career by getting them a job in the assiduity but also to expose them to the world. The externship program and the discussion have the following objectives to gain knowledge of job responsibility in general, the externship program and the discussion must include Learning about nutrition and food diligence. Fulfill the NFE criterion.

1.3 Goal of The Report

The goal of the report is to learn about the professional works of a nutritionist in the hospital. The thing of an internship report on Diabetic cases at BIRDEM Hospital could be to give a comprehensive understanding of the operation and treatment of diabetes in a sanitarium setting, with the ultimate end of perfecting patient issues and enhancing the quality of care handed to diabetic cases at the sanitarium. Specifically, the report could aim to:

Identify the current challenges and gaps in the operation and treatment of diabetes at BIRDEM Hospital. Dissect the effectiveness of the current treatment options for diabetic cases at BIRDEM Hospital, and identify areas for enhancement. give recommendations for enhancing the quality of care and perfecting patient issues for diabetic cases at BIRDEM Hospital. Help inform unborn policy and decision- making related to diabetes operation and treatment at BIRDEM Hospital and other healthcare installations in Bangladesh. Contribute to the broader thing of perfecting public health issues related to diabetes in Bangladesh. Overall, the thing of

the externship report would be to give practicable perceptivity and recommendations that can be used to ameliorate the operation and treatment of diabetes at BIRDEM Hospital, with the ultimate end of perfecting the quality of life for diabetic cases in Bangladesh.

1.4 Objective of The Report

This internship will give them practical experience in diabetes care and diet planning for diabetic cases to give them applicable nutrition and healthy foods. And also meet the conditions for a B.Sc. in Nutrition and Food Engineering. The ideal of an internship report on diabetic cases at BIRDEM Hospital could be to give a comprehensive understanding of the operation and treatment of diabetes in a sanitarium setting. Specifically, the report could aim to give an overview of the frequency of diabetes in Bangladesh and the part of BIRDEM Hospital in managing this complaint. bandy the colorful treatment options available for diabetic cases at BIRDEM Hospital, including specifics, life changes, and other interventions. dissect the effectiveness of the different treatment options for diabetic cases at BIRDEM Hospital, taking into account factors similar as patient issues, adherence to treatment, and quality of life. Assess the challenges faced by diabetic cases at BIRDEM Hospital, including walls to pierce to care, cost of treatment, and social smirch. give recommendations for perfecting the operation and treatment of diabetes at BIRDEM Hospital, including strategies for adding access to care, perfecting patient education, and enhancing the quality of care. Overall, the ideal of the externship report would be to give a detailed analysis of the operation and treatment of diabetes at BIRDEM Hospital, with a focus on relating areas for enhancement and recommending strategies for addressing these challenges.

1.5 Learning objectives

1. To gain practical experience in diabetes care and diet planning
2. To get a comprehensive understanding of diabetes care
3. To understand the role of BIRDEM hospital in managing diabetes cases.
4. To know the diverse treatment options available for diabetic patients at BIRDEM hospital, including medical interventions, lifestyle changes, and other therapeutic approaches.
5. To gain knowledge on identifying areas for improvement and suggesting practical strategies to address these challenges.

CHAPTER 2

Overview of BIRDEM

2.1 Overview of BERDEM General Hospital

Fig:2.1 BIRDEM General Hospital

Kitchen

The kitchen at BIRDEM General Hospital isn't only large but also clean. All the staff in the kitchen are so neat and clean. All of them maintain hygiene. so duly when they cook for the cases. They also serve cases with a proper quantum of food.

Fig: 2.2 Kitchen

Food Tray

A better meal presentation reduces food waste and costs. Patients who eat their full meal get the correct nutrients they need to heal their illness and maintain a healthy weight.

Fig: 2.1.2 Food Tray

2.2 Vision and Mission of BIRDEM General Hospital

Vision

In Bangladesh no diabetic should die undressed, jobless or unfed. All people shall be handed with affordable health care service. Through various associations of diabetic associations in Bangladesh, we're furnishing complete healthcare as well as recuperation to all diabetics, anyhow of age, profitable status, or social status. Through tone-sustaining centers of excellence, we can extend these services to give affordable, badass healthcare to all Bangladeshis.

Mission

Give total healthcare including recuperation for all diabetics irrespective of gender, profitable and social status through different institutions of Diabetic Associations of Bangladesh. Expand these services to give affordable BADAS healthcare for all Bangladeshi through tone-sustaining centers of distinctions. produce technical quality force (exploration Scientists, Physicians, Technicians, nurses and other affiliated labor force) of high ethical standard. Develop leadership in healthcare through devoted and transparent operation system develop diligence for manufacturing quality drugs and healthcare products. Through various

associations of diabetic associations in Bangladesh, we're furnishing complete care and recuperation to all diabetics, anyhow of age, profitable status, or social status.

CHAPTER 3
Background studies

3.1 Case Studies

During the internship period, I learned how to make different types of diet maps for diabetic cases.

Challenges for balancing nutrition in diabetic cases

- Lack of coffers
- Life revision
- Lack of family support
- Mental health
- Clinic coffers and quality of care
- Staff insensitivity
- Case engagement walls

Diabetes is a condition that occurs when our blood glucose levels, also known as blood sugar, are too high. Our primary source of energy is glucose, which we get from the food we eat every day. Insulin is a pancreatic hormone that helps glucose from food enter our cells to be used for energy. Our body is not suited to make enough insulin or does not use insulin properly in certain situations. As a result, glucose remains in our blood and is unable to reach our cells.

For a diabetic patient, at first, to check different types of reports are important.

Those reports are-

1. A. About Patient Information:
    a) Name : Tuhin Mollah
    b) Address : Narail, Nagram
    c) Hospital Name : Birdem General Hospital
    d) Admitted Reason : Swelling of body (DM)
    e) Word No 142
    f) Bed No 1431

1. B Information about Patient:
    g) Name : Md. Shahab Uddin
    h) Address : Jurain, Dhaka
    i) Name of the Hospital : Birdem General Hospital
    j) Reason of Admission : Diabetics
    k) Word No 113
    l) Bed No 1155

1. C About Patient Information:

m)	Name	: Md. Uzzal Mahmud
n)	Address	: Terail, Meherpur
o)	Hospital Name	: Birdem General Hospital
p)	Admitted Reason	: Thalassemia
q)	Word No	81
r)	Bed No	: 818/938

1. D About Patient Information:

a)	Name	: Md. Arifur Rahman
b)	Address	: Banglabazar, Noakhali
c)	Hospital Name	: Birdem General Hospital
d)	Admitted Reason	: Chest Pain
e)	Word No	141
f)	Bed No	1431

2.A. Anthropometric Parameter:

Age: 32 years Sex: Male Weight: 62 kg

Height: 158 cm BMI: 24.63(kg/m2)

2.B. Anthropometric Parameter:

Age: 60 Sex: Male Weight: 55 k

Height: 154 cm BMI: 23.2(kg/m2)

2.C. Anthropometric Parameter:

Age: 37 Sex: Male Weight: B/C

Height: N/A BMI: N/A (kg/m2)

2.D. Anthropometric Parameter:

Age: 85 years Sex: Male Weight: B/C

Height: N/A BMI: B/C (kg/m2)

3. Nutritional status: Average

4.A Biochemical test result:

Biochemical Test	**Result**	**Lab Test Blood**	**Result**
Blood Glucose (F)	mmol/dl	Magnesium	mmol/l

Blood Glucose (ABF)	mmol/dl	Phosphate	mmol/l
HbAlc	%	Calcium	mmol/l
Albumin	mg/dl	Potassium	3.8 mmol/l
Prealbumin	mg/dl	Scrum Chloride	107 mmol/l
Total Protein	d/dl	Hb	11.4 g/dl
TG	mg/dl	Hematocrit	34.8%
HDL	36 mg/dl	ESR	62 mml
LDL	63 mg/dl	SGOT	IU/I
CholSterol, total	mg/dl	SGPT	14U/I
BUN	mg/dl	Alk,Phos	SomU/I
Creatinine	1.2 mg/dl	Amylase	IU/I
Urea	mg/dl	Pyruvate Transferase	mg/dl
Bilirubin	mmol/dl	Uric Acid	mg/dl
$STCO_2$	25 nmol/l	Bicarbonate	mmol/l
Others WBC	13.62 nmol/l	Others solid sodium	143 nmol/l
Others RBC	3.81 nmol/l	Others cl	ol/l

4.B Biochemical test result:

Biochemical Test	**Result**	**Lab Test Blood**	**Result**
Blood Glucose (F)	mmol/dl	Magnesium	1.43 mmol/l
Blood Glucose (ABF)	mmol/dl	Phosphate	4.9 mmol/l
HbAlc	9.3 %	Calcium	8.5 mmol/l
Albumin	31.2 mg/dl	Potassium	4.9 mmol/l
Prealbumin	mg/dl	Scrum Chloride	107 mmol/l
Total Protein	d/dl	Hb	12.9 g/dl
TG	mg/dl	Hematocrit	38.7%
HDL	22 mg/dl	ESR	67 mml
LDL	99 mg/dl	SGOT	32 IU/I
CholSterol, total	mg/dl	SGPT	14 U/I
BUN	mg/dl	Alk,Phos	SomU/I
Creatinine	1.2 mg/dl	Amylase	IU/I
Urea	mg/dl	Pyruvate Transferase	mg/dl
Bilirubin	0.9 mmol/dl	Uric Acid	mg/dl
$STCO_2$	23 nmol/l	Bicarbonate	mmol/l

Others THS	143 nmol/l	Others solid sodium	143 mmol/l
Others BD	140/90 nmol/l	Others cl	105 mmol/l

4.C Biochemical test result:

Biochemical Test	**Result**	**Lab Test Blood**	**Result**
Blood Glucose (F)	mmol/dl	Magnesium	mmol/l
Blood Glucose (ABF)	mmol/dl	Phosphate	5.8 mmol/l
HbAlc	9.3 %	Calcium	8.1 mmol/l
Albumin	31.2 mg/dl	Potassium	5.4 mmol/l
Prealbumin	mg/dl	Scrum Chloride	107 mmol/l
Total Protein	d/dl	Hb	10.2 g/dl
TG	mg/dl	Hematocrit	%
HDL	22 mg/dl	ESR	mml
LDL	99 mg/dl	SGOT	IU/I
CholSterol, total	169 mg/dl	SGPT	25 U/I
BUN	mg/dl	Alk,Phos	SomU/I
Creatinine	6.3 mg/dl	Amylase	IU/I
Urea	130 mg/dl	Pyruvate Transferase	mg/dl
Bilirubin	mmol/dl	Uric Acid	mg/dl
$STCO_2$	17 nmol/l	Bicarbonate	mmol/l
Others THS	1.84 nmol/l	Others solid sodium	135 nmol/l
Others BD	140/90 nmol/l	Others cl	104 nmol/l

4.D Biochemical test result:

Biochemical Test	**Result**	**Lab Test Blood**	**Result**
Blood Glucose (F)	mmol/dl	Magnesium	0.6 mmol/l
Blood Glucose (ABF)	mmol/dl	Phosphate	mmol/l
HbAlc	9.3 %	Calcium	6.9 mmol/l
Albumin	31.2 mg/dl	Potassium	3.4 mmol/l
Prealbumin	mg/dl	Scrum Chloride	108 mmol/l
Total Protein	d/dl	Hb	8.1 g/dl
TG	mg/dl	Hematocrit	22.9 %
HDL	mg/dl	ESR	mml
LDL	mg/dl	SGOT	IU/I
CholSterol, total	169 mg/dl	SGPT	U/I

BUN	mg/dl	Alk,Phos	SomU/I
Creatinine	mg/dl	Amylase	IU/I
Urea	69 mg/dl	Pyruvate Transferase	mg/dl
Bilirubin	mmol/dl	Uric Acid	mg/dl
$STCO_2$	28 nmol/l	Bicarbonate	mmol/l
Others THS	1.48 nmol/l	Others solid sodium	147 nmol/l
Others BD	140/90 nmol/l	Others cl	nmol/l

5.Condition that currently exist:

☐ Nausea Vomiting ☐ Diarrhea Chewing Difficulties

☐

☑

☐ Swallowing Difficulties ☐ Constipation Diet Restriction

6. A. Socioeconomic and culture factor:

Religion: Muslim

Rural/ Urban: Rural

6.B. Socioeconomic and culture factor:

Religion: Muslim

Rural/ Urban: Rural

6.C Socioeconomic and culture factor:

Religion: Muslim

Rural/ Urban: Rural

6.D. Socioeconomic and culture factor:

Religion: Muslim

Rural/ Urban: Rural

7. Complications: DM, CKD, HTW

Total Calorie: 1800, 1600 (Kcal/day)

8. A. Menu Planning:

Meal	Food	**Serving**
Breakfast 8-8:30	Bread: 3 p Egg: 1 p Vegetables: 1 cup	90 gm
Snacks 11-11:30	Snacks: Milk: 1 cup	30 g 125 ml
Lunch 2-2:30	Rice: 3 cups Fish/Chicken: 1 p Lentils: 1 cup Vegetables: 1 cup Salad, Spinach Lemon:	360 gm 60 gm 20 gm
(Afternoon) Snacks	Snacks: Milk: 1 cup	30 gm 125 ml
Dinner	Bread: 3 p Fish/Chicken:1p Lentils: Vegetables: 1 cup Salad, Lemon:	90 gm 60 gm 20 gm
Bed time	Bun: 1 p	

8.B. Menu Planning:

Meal	**Food**	**Serving**
Breakfast 8-8:30	Bread: 3 p Egg: 1 p Vegetables: 1 cup	90 gm
Snacks 11-11:30	Snacks: Milk: 1 cup	30 g 125 ml
Lunch 2-2:30	Rice: 3 cups Fish/Chicken: 1 p Lentils: 1 cup Vegetables: 1 cup Salad, Spinach Lemon:	360 gm 60 gm 20 gm
(Afternoon) Snacks	Snacks: Milk: 1 cup	30 gm 125 ml

Dinner	Bread: 3 p Fish/Chicken: 1p Lentils: 1 cup Vegetables: 1 cup Salad, Lemon:	90 gm 60 gm 20 gm
Bed time	Bun: 1 p	

10.C. Menu Planning:

Meal	**Food**	**Serving**
Breakfast 8-8:30	Bread: 3 p Egg: 1 p Vegetables: 1 cup	90 gm
Snacks 11-11:30	Snacks: Milk: 1 cup	30 g 125 ml
Lunch 2-2:30	Rice: 3 cups Fish/Chicken: 1 p Lentils: 1 cup Vegetables: 1 cup Salad, Spinach Lemon:	360 gm 60 gm 20 gm
(Afternoon) Snacks	Snacks: Milk: 1 cup	30 gm 125 ml
Dinner	Bread: 3 p Fish/Chicken: 1p Lentils: Vegetables: 1 cup Salad, Lemon:	90 gm 60 gm 20 gm
Bed time	Bun: 1 p	

9. Total Cooking Oil : 5 tsp / day

10. Opinion: You should maintain your diet chart properly

Fig:3.1 Picture: Talking some picture for the query

Goal of the study:

Thus, the primary ideal of nutritive backing for a diabetic case should be to ameliorate nutrition for crack mending, ameliorate resistance to infection, and reduce muscle protein loss.

3.2 NG Feeding

Nasoduodenal feeding is safe, well permitted, and meets the nutritive conditions of the maturity of cases with severe sickness or bed cases, indeed when nasogastric feeding has failed. Acceptable assessment and provision of enteral nutrition are imperative to the care of severe health-sickness cases.

For senior or bed-case cases, NG feeding is important because, for these types of cases with delayed gastric evacuating, NG feeding is a favored system of furnishing acceptable enteral nutrition.

This NG feeding data table 3.1 outlines a specific meal plan for individuals receiving nutrition through an NG tube. It includes four items: Milk, Sugar, Oil, and Egg. The quantities for each

item are carefully measured, with 167 ml of Milk, 2 teaspoons of Sugar, 1 teaspoon of Oil, and 2 pieces of Egg. The table provides the calorie content for each item, with Milk contributing 70 calories, Sugar 30 calories, Oil 40 calories, and Egg 160 calories. In total, this meal plan delivers 300 calories, ensuring a controlled and balanced nutritional intake.

Table 3.1 : NG feeding data table

Items	Quantity	Calories	Amount
Milk	80 ml	45 Cal	9
Barely	50 ml	2 Cal	15
Boneless	70 grams	113 Cal	25
Chicken			
Oil	1 tsp	40 Cal	2
Sugar	1 tsp	15 Cal	1
Egg	1 piece	80 Cal	10

3.3 NG tube Data Table

Table 3.2 represents another NG feeding plan, offering a different set of items: Barley, Chicken, Mixed vegetables, and Oil. Each item's quantity is precisely measured, with 180 ml of Barley, 95 grams of Chicken, 100 grams of Mixed vegetables, and 2 teaspoons of Oil. The calorie content for each item is provided, with Barley contributing 3 calories, Chicken 155 calories, Mixed vegetables 72 calories, and Oil 70 calories. This meal plan also totals 300 calories, ensuring that individuals receiving nutrition through an NG tube receive a balanced and controlled diet.

Table 3.2 : NG tube Data Table

Items	Quantity	Calories
Milk	167ml	70
Sugar	2 tsp	30
Oil	1 tsp	40
Egg	2 pcs	160
Total		**300**

Table 3.3 outlines yet another NG feeding plan, featuring a variety of items: Milk, Barley, Chicken, Oil, Sugar, and Egg. The quantities for each item are precisely measured, including 75 ml of Milk, 60 ml of Barley, 70 grams of Chicken, 1 teaspoon of Oil, 1 teaspoon of Sugar, and 1 piece of Egg. The table provides the calorie content for each item, with Milk contributing 50 calories, Barley 2 calories, Chicken 113 calories, Oil 40 calories, Sugar 15 calories, and Egg 80 calories. In total, this meal plan delivers 300 calories, ensuring that individuals receiving NG tube feeding receive a well-balanced and controlled nutritional intake.

Table 3.3: NG tube Data Table

Items	Quantity	Calories
Barley	180 ml	3
Chicken	95 gm	155
Mixed vegetables	100 gm	72
Oil	2 teaspoons	70
Total		**300**

The provided information presents a dietary composition with specific quantities and calorie content for various food items. This composition is designed to provide a meal or nutritional plan for individuals, and it is important to maintain a controlled intake of 300 calories.

Milk (75 ml - 50 Calories): This portion of milk provides 50 calories. Milk is a good source of calcium and protein, and it contributes to the overall nutritional value of the meal. Barley (60 ml - 2 Calories): Barley is included in a small quantity, contributing just 2 calories. Barley is a whole grain that provides dietary fiber and essential nutrients. Chicken (70 grams - 113 Calories): Chicken, at 70 grams, provides 113 calories. It's a lean source of protein and essential amino acids, which are important for muscle maintenance and growth. Oil (1 tsp - 40 Calories):The teaspoon of oil supplies 40 calories. Oil is a source of healthy fats that are necessary for various bodily functions. Sugar (1 tsp - 15 Calories): This teaspoon of sugar contributes 15 calories. It adds sweetness to the meal but should be consumed in moderation due to its high-calorie content. Egg (1 piece - 80 Calories):The single egg in this meal provides 80 calories. Eggs are a valuable source of protein, vitamins, and minerals.

Total Calories (300): This meal is designed to provide a total of 300 calories. It includes a balance of macronutrients, such as protein from chicken and eggs, carbohydrates from barley, healthy fats from oil, and some sweetness from sugar. The inclusion of various food groups ensures a balanced and nutritious intake within the specified calorie limit. It's important for individuals to follow such controlled dietary plans, especially if they have specific dietary restrictions or health conditions that require calorie monitoring.

Table 3.4: NG tube Data Table

Items	Quantity	Calories
Milk	75 ml	50
Barley	60 ml	02
Chicken	70 gm	113
Oil	1 tsp	40
Sugar	1 tsp	15
Egg	1 pcs	80
Total		**300**

These data tables are essential tools for healthcare providers to create tailored nutritional plans for patients who require NG tube feeding. The precise measurements and calorie information help ensure that patients receive the appropriate amount of nutrition needed to meet their dietary requirements and promote their overall health and well-being.

CHAPTER 4

4.1 Conclusion

Since my internship at BIRDEM General Hospital, I've learned about the different calories and different types of cases' diet habits, as well as a map of their nutrition and exercise information. The diet maps are designed for diabetes cases and NG feeding (ICU cases). The right diet can help in the forestallment and mending of any kind of habitual health problem. To help, control, and maintain their health, diabetic cases must follow certain food habits and rules outside of their diet. And this doesn't mean people have to eat boring food every day. By avoiding regulated, healthy foods, people can make a difference in their eating habits.