

Malnutrition in COPD - progress update



Assume that today's date is 10 November 2026. Mr Lealaiauloto attended his eight-week dietetic review this morning. You are a dietitian in the hospital Outpatient Dietetics Department. Using the information in the case notes, write a letter to Mr Lealaiauloto's GP, Dr Maricel Fischer, updating her on his progress and requesting a change to his supplement prescription. Address the letter to Dr Maricel Fischer, General Practitioner, Main Road Medical Practice, 25 Main Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				Treatment			
1. Name: Mr Dinesh Lealaiauloto	☐	☐	☐	21. Food fortification (full-cream milk, extra butter/cheese/oil); small frequent meals + snacks (approx. 6 eating occasions/day)	☐	☐	☐
2. DOB: 03/05/1958 (68 yrs)	☐	☐	☐	22. ONS: energy- & protein-dense, 2 × 200 mL/day between meals (prescribed by GP)	☐	☐	☐
3. Height: 1.75 m	☐	☐	☐	23. Advised to rest before meals & have main meal when least breathless	☐	☐	☐
4. Referred by GP 08/26 for unintentional wt loss; first dietetic appt 15/09/26	☐	☐	☐	Progress (10/11/26)			
Social background				24. Wt 64.0 kg (BMI 20.9) → ↑ 2.8 kg over 8/52	☐	☐	☐
5. Lives with wife (66), who does cooking & shopping	☐	☐	☐	25. Appetite ↑; now 3 meals + 2–3 snacks daily; wife continuing fortification	☐	☐	☐
6. Retired bus driver; keeps racing pigeons	☐	☐	☐	26. Taking ONS consistently 2/day; tired of vanilla flavour	☐	☐	☐
7. Ex-smoker (quit 2019, 40 pack-yrs)	☐	☐	☐	27. Est. intake from food alone now ≈ 85% of requirements	☐	☐	☐
8. Wife says daughter's marriage 'falling apart' - pt worried about her	☐	☐	☐	28. Grip strength ↑; reports more energy, walking to letterbox daily	☐	☐	☐
9. Drives to appts; complained about lack of parking at clinic	☐	☐	☐	29. Commenced pulmonary rehab 20/10/26 (2/wk)	☐	☐	☐
Medical history				30. Pt asked about 'detox tea' seen online - advised no evidence of benefit	☐	☐	☐
10. COPD (severe), dx 2014; home O2 not required	☐	☐	☐	Plan			
11. 2 exacerbations in past 12/12; last 07/26 (oral prednisolone course)	☐	☐	☐	31. Wean ONS: ↓ to 1 × 200 mL/day from today until dietetic review 08/12/26; consider ceasing only if food intake adequate & nutritional recovery sustained, otherwise continue ONS	☐	☐	☐
12. Inhalers: tiotropium/olodaterol daily; salbutamol PRN	☐	☐	☐	32. GP: please amend ONS script to 1/day; weigh monthly at practice	☐	☐	☐
13. Hypertension - amlodipine	☐	☐	☐	33. If wt ↓ or COPD exacerbation → restart ONS 2/day & re-refer to dietetics	☐	☐	☐
14. Appendicectomy 1979	☐	☐	☐	34. Dietetic review 08/12/26 (4/52); continue fortification & small frequent meals	☐	☐	☐
15. Osteoarthritis R knee	☐	☐	☐				
16. Allergies: nil known	☐	☐	☐				
Initial assessment (15/09/26)							
17. Wt 61.2 kg (BMI 20.0); usual wt 70 kg 6/12 ago → 12.6% unintentional loss	☐	☐	☐				
18. MUST score: high risk	☐	☐	☐				
19. Poor appetite; early satiety; SOB when eating large meals	☐	☐	☐				
20. Intake approx. 2 small meals/day; often skipping lunch	☐	☐	☐				