

**CASE REPORT PROVIDED BY:**
RHYA PACHIN MS, RDN, LDN, CLT**PATIENT HISTORY:****Chief Diagnosis:**

Dysphagia

Secondary Diagnosis:

Squamous cell carcinoma of the sinus cavity

CASE HISTORY:

- **Reason for tube feeding:** Dysphagia
- Sole source of nutrition
- Patient has been tube fed for 10 months

NUTRITION MANAGEMENT:

- **Type of previous formula:**
Plant-based peptide formula
- **Intolerances/reasons for switching:**
 - Aspiration d/t hyperproduction of phlegm
- **Reasons for choosing Liquid Hope Peptide:**
 - Better carbohydrate quality with Liquid Hope Peptide
 - Complex carbohydrates and fermentable fiber from whole foods vs. refined sources of carbohydrates from brown rice syrup and agave nectar
- **Additives/supplements to Liquid Hope Peptide:**
 - 1/8 tsp salt x 4 feedings (h/o persistent hyponatremia)
 - Vitamin C - 250mg twice per day
 - B12 - 10mcg per day
 - Elderberry syrup - 1.0 tsp per day
 - Potassium - 7.5 mg per day
 - Magnesium citrate - 150 mg per day

METHOD OF DELIVERY	AMOUNT PER DAY	FEEDING RATE
Bolus feedings via syringe	1400 mL per day	If episodic: 350 mL per feed x 4 feedings/day

INSIGHTS:

- Patient's symptoms have improved across multiple clinical measures
- High level of satisfaction, improvement in quality of life, and patient will continue on Liquid Hope Peptide
- Recommending Liquid Hope Peptide for patients with multiple chronic issues
- Hospital was unfamiliar with Liquid Hope Peptide but will continue to use as an alternative to standard formulas

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