

Hospital Internship <Times New Roman, 24, Bold, No underline>

Report on Case Studies <Times New Roman, 22, Bold, No underline>

A Hospital Internship report submitted in fulfilment of the requirement for the degree of

*Master of Vocation
Specialization in Nutrition & Dietetics
<Times New Roman, 14, Bold, Italic>*

*Semester IV
January 2022 – May 2022
<Times New Roman, 14, Bold, Italic>*

*Under the guidance of
Mr. Xyz Zxy <Times New Roman, 14, Bold>
Name of Company <Times New Roman, 14>*

*Submitted By
Name & Roll No.
<Times New Roman, 14>*

DEEN DAYAL UPADHYAY KAUSHAL KENDRA (DDU-KK)

DEVI AHILYA VISHWAVIDYALAYA, INDORE, M.P.

2021-2022

Deen Dayal Upadhyay Kaushal Kendra (DDU-KK)

Devi Ahilya Vishwavidyalaya, Indore

DECLARATION BY CANDIDATE

I hereby declare that the Report entitled “**Hospital Internship Report on Case Studies** <Times New Roman, 12, Bold, Italic, No underline>” submitted by me for the fulfilment of the requirement for the degree of **Master of Vocation in Nutrition & Dietetics** at Deen Dayal Upadhyay Kaushal Kendra, Devi Ahilya Vishwavidyalaya, Indore, is my own work.

Signature of the Student

Name:

Date:

Place: DDU-KK, DAVV, Indore

Deen Dayal Upadhyay Kaushal Kendra (DDU-KK)

Devi Ahilya Vishwavidyalaya. Indore

CERTIFICATE FROM GUIDES

This is to certify that we have examined the report on “**Hospital Internship Report on Case Studies**” submitted by **Student Name**<Times New Roman, 12, No underline> to Deen Dayal Upadhyay Kaushal Kendra, DAVV, Indore and hereby accord our approval of it as a study for its acceptance in partial fulfilment for the award of the degree of Master of Vocation in Nutrition & Dietetics.

Internship Guide

Signature:

Name:

Date:

Internship Guide

Signature:

Name:

Date:

Deen Dayal Upadhyay Kaushal Kendra (DDU-KK)

Devi Ahilya Vishwavidyalaya. Indore

CERTIFICATE FROM EXAMINERS

This is to certify that we have examined the “**Hospital Internship Cases**” submitted by **Student Name**<Times New Roman, 12, No underline> to Deen Dayal Upadhyay Kaushal Kendra, DAVV, Indore, and hereby accord our approval of it for its acceptance in partial fulfilment for the award of the degree of Master of Vocation in Nutrition & Dietetics.

Examiner

Signature: _____

Name : _____

Date : _____

Examiner

Signature: _____

Name : _____

Date : _____

Acknowledgement

<Times New Roman, 12>

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CASE STUDY FORMAT

A. Nutritional Screening:

1. Patient profile

- Patient name
- Age
- Occupation
- Economic status
- No. of family members

2. Nutritional Assessment

Anthropometric measurements for adults	
Weight	
Height	
BMI	
Physical activity	

3. Biochemical data

- Diagnostic:
- Relevant Blood investigations in table format

4. Clinical data

- Present complaint
- Past medical history
- Final medical diagnosis

5. Dietary history

- 24 hr home recall
- Nutritional calculation for home recall:
 - Energy
 - Proteins
 - Carbohydrates
 - Fats

B. Nutrition Diagnosis (PES statements)

- Nutritional problem
- Etiology
- Symptoms

C. Nutrition Intervention

- Goals (short term goals and long term goals)
- Dietary Principle
- Nutrition calculations:
 - Energy
 - Proteins

➤ Carbohydrates

➤ Fats

• Exchange list

Food group	Exchange no.	Energy (kcal)	Proteins (g)	Carbs (g)	Fats (g)
Total					

• Meal distribution

Food group	Exchange	EM	B/F	MM	L	SNK	DIN	BT

• Menu plan

Timing	Menu	Measures

- Case Relevant Instructions
- Points to be considered in Follow Up Visit

Note:

The Font size should be Times New Roman 12 with 1.5 line spacing for regular text.

For CASE heading use Times New Roman 14 with bold style.

The margins should be set 2.54 cm for top, down, right, left with 0.5 gutter position.

Page Size A4 with page number Font Times New Roman

***** 2 COPIES OF SPIRAL BINDING OF REPORT ARE REQUIRED *****