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SOAP Note – Scleroderma

SCLERODERMA	QUESTIONS/DATA	RATIONALE
Subjective	What symptoms are you experiencing, and how long have you had them?	Identify factors for nutritional assessment in Pt with scleroderma. Scleroderma risk factors may include fatigue, dysphagia, weight loss, alteration of GI tract structure or function, and smooth muscle atrophy.
	What do you do or take to ameliorate your pain?	Identify the current therapy to manage pain and symptoms.
	Could you tell me where the pain is located and the extent of your pain?	Identify affected areas of skin, tissue, joints, and organs affected by scleroderma.
	Are you currently working, and if so, what is your occupation?	Environmental risk factors for scleroderma.
	Have you been able to do any form of physical activity, and if so, what?	Lower physical activity infers lower caloric needs. Continued physical activity promotes muscle strength, joint flexibility, and mental well-being.
	Do you have any difficulty chewing or swallowing food?	Tightening facial skin and dry mouth can be affected, making eating difficult. A Dysphagia diet may be needed to maintain adequate energy needs.
	Are you experiencing any dry mouth?	Tooth decay, loose teeth, increased plaque, and gum disease may decrease food consumption. Diminished caloric intake may indicate malnutrition.
	Are you currently taking any supplements?	Nutritional deficiencies should be recognized and corrected. Malabsorption of lactose, vitamins, minerals, and fat. May need supplementation of vitamins, minerals, and fatty acids, including calcium, vitamins A, D, E, K, B12, C, iron, copper, selenium, and zinc.

	Have you had any difficulty preparing food or consuming your meals?	Nutrition-related ADLs can be affected by Raynaud syndrome associated with scleroderma.
	What is your usual body weight? Have you noticed any weight changes? What is your current weight?	High-energy, high-protein supplementation may be required to prevent or correct weight loss. Weight loss can indicate malnutrition and the severity of scleroderma.
	Have you or do you follow any type of nutrition plan and had any previous diet education?	Determine any previously prescribed diets, previous nutrition education, current education level, and readiness to change.
	How has your appetite been? What types of food do you typically consume in a day?	Determine if caloric and energy intake fit dietary needs. Nutrient and caloric intake per 24-hour recall.
	Do you have any food allergies or intolerance?	Identify any adverse reactions, triggers, or symptoms.
	Do you experience gastroesophageal reflux, nausea, vomiting, dysphagia, diarrhea, constipation, fecal incontinence, or small intestine bacterial overgrowth (SIBO)?	Modifications to the dietary plan include adequate fluid, soft, moist foods, frequent, smaller meals, and elevated HOB for GERD. Risk of esophageal dysmotility, peristalsis, and pill esophagitis. Gastroparesis can worsen in GERD. GAVE complications. CIPO can lead to severe constipation.
	Do you smoke, drink alcohol, or consume any caffeinated beverages?	Triggers related to GERD.
Objective	**Anthros** Data related to age, height, weight, gender, ethnicity, BMI, bone density, BP, UBW, IBW, IBW%, dietary intake, medications, lab data, GI status, and nutrient needs.	Women are afflicted 4x more often than men. Pt at an increased risk of malnutrition, GI issues, hypertension, weight loss, and oliguric or anuric acute renal failure. Medications may impact GI issues.
	Meds Glucocorticoids	The occurrence of scleroderma renal crisis (SRC) is more common (it may cause weight gain, feeling very hungry, water retention or swelling, muscle weakness, and trouble sleeping).
	Anti-TNF therapies	Treat inflammation and pulmonary arterial hypertension.

	Blood pressure medications	Treat hypertension and may help Raynaud's phenomenon (may cause cough, diarrhea, constipation, dizziness, headache, nausea, vomiting, anemia, fever, dry mouth, or stomach problems)
	OTC Antacids	Relieve heartburn and neutralize stomach acid (overuse may cause diarrhea or sometimes kidney problems)
	Proton pump inhibitors or H-2 blockers	Treatment for GERD (may cause diarrhea, headaches, nausea, low vitamin B12 or magnesium)
	NSAIDS	Reduce inflammation, relieve, or control pain (may cause vomiting, diarrhea, constipation, heartburn, nausea, gas, feeling bloated, stomach ulcers, indigestion, drowsiness, or dizziness)
	Anti-diarrheal medications	Reduce the number of watery bowel movements and control or treat symptoms (May cause dizziness, drowsiness, tiredness, constipation, fast or irregular heartbeat, fainting, nausea, vomiting, and stomach pain)
	Diagnostic tests	Collect any past or current medical or surgical hx.
	X-ray of the upper digestive system, Esophageal manometry	Trouble with swallowing
	Trans nasal esophagoscopy	Damage in esophagus
	Upper endoscopy	Inflammation of the esophagus or other complications, Barrett's esophagus.
	Ambulatory acid (pH) probe test	Identify when and how long stomach acid regurgitates.
	Barium swallow test	Examine the gastrointestinal tract for abnormalities.
	Labs Blood work (ANA test), urine test	Calcium, fatty acids, vitamins A, D, E, K, B12, C, iron, copper, selenium, and zinc for malabsorption. Deficiencies may result in glossitis, cheilosis, angular stomatitis, and oral ulcers. Look at levels of proteins, cells, and chemicals in the body.

Assessment	**PES Statement** Inadequate energy intake is related to decreased ability to consume sufficient energy secondary to scleroderma, as evidenced by pt report of a lack of appetite. Swallowing difficulty related to scleroderma as evidenced by abnormal swallow study and decreased estimated food intake. Inadequate oral intake related to decreased ability to consume sufficient energy as evidenced by weight loss of 5% in one month and consuming less than 75% of estimated needs for one month Inadequate vitamin intake is related to decreased ability to consume sufficient vitamins due to malabsorption, as evidenced by biochemical data reports of low levels of calcium, vitamins D, and B12.	
Plan	**Interventions (Recommendations)** Anti-inflammatory, MED-DASH diet SIBO Oral hygiene GERD Difficulty swallowing or chewing	 Recommend a balanced healthy diet with adequate fluids, choosing soft, moist, nutrient- and energy-dense foods. Recommend reduction of acid-lowering agents. Recommend dentistry evaluation for good oral hygiene. Chewing sugarless gum or using saliva substitutes to help moisten the mouth. Recommend small, frequent meals, and avoid late-night eating and spicy or fatty foods. Elevate the HOB. Encourage the reduction of carbonated and caffeinated beverages. Eliminate smoking and consumption of alcohol. Avoid tight-fitted clothes. Recommend appropriate dysphagia diet and refer to a speech pathologist. Indicate any reduction in dietary intake.

	Chronic diarrhea	Recommend fluids with electrolytes. Avoid caffeine, alcohol, dairy, fatty, high-fiber, and seasoned foods. The BRAT diet (semisolid, low-fiber foods). Anit-diarrheal medications. Probiotics. Home enteral or parenteral nutrition to prevent or correct weight loss.
	BMI 18.5-24.9	Encourage healthy weight range and maintenance. Estimate energy, protein, and fluid needs.
	Malabsorption	Supplement calcium, iron, zinc, copper, selenium, and vitamins A, D, E, K, B12, and C. Recommend high-energy, high-protein supplements.
	Incorporate physical activity daily	PT, OT, range of motion, strengthening exercises, meditation, yoga, maintain normal activities as possible, and recommend joining a support group.
	Monitoring	Energy intake, weight, macro/micro intake, BMI, lab values, blood pressure, physical activity, self-reported adherence, readiness to change, motivation, area and level of knowledge/skills, tolerance to food consistency or ability to chew and swallow, consumption of >75% meals, follow-ups with RDN for continued nutrition education and reinforcement of diet compliance.