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Enrolment No:



UPES

End Semester Examination, December 2023

Course: Principle of Dietetics Semester : I

Program: M.Sc. (Nutrition and Dietetics)

Duration : 3 Hours

Course Code: HSND7006 Max. Marks: 100

Instructions: Read all the questions carefully.

	Section A		
S. No.	Short answer questions/ MCQ/T&F	Marks	COs
	(20Qx1.5M = 30 Marks)		
Q1	Define optimal nutritional status.	1.5	CO1
Q2	Highlight the role of a dietitian in hospice care.	1.5	CO1
Q3	Differentiate using TWO key points between therapeutic and normal diet.	1.5	CO1
Q4	What do you understand by critical care in terminally ill patients?	1.5	CO1
Q5	What is the significance of 'nutritional intervention support' in terminally ill, burn and hospice patients?	1.5	CO2
Q6	What is the primary purpose of the Mini Nutritional Assessment (MNA)?	1.5	CO2
	a) To assess cognitive function b) To evaluate emotional well-being		
	c) To measure body mass index		
	d) To screen for malnutrition in older adults		
Q7	What does the Barthel Index primarily measure in individuals?	1.5	CO2
	a) Cognitive function		
	b) Emotional well-being		
	c) Activities of daily living (ADL)		
	d) Social interaction skills		
Q8	What is the main goal of nutrition diagnosis in healthcare?	1.5	CO2
	a) To prescribe medications for nutritional deficiencies		
	b) To identify and treat underlying medical conditions		
	c) To assess dietary preferences and habits		
	d) To determine nutrition-related problems and develop a plan for intervention		
Q9	Which of the following is a route commonly used for enteral nutrition?	1.5	CO2
	a) Intravenous (IV) administration		
	b) Subcutaneous injection		
	c) Nasogastric tube placement		

	d) Intramuscular injection		
Q10	Write down the 3 major purposes of diet therapy.	1.5	CO3
Q11	What are the key stages of change in the Transtheoretical Model (TTM)?	1.5	CO3
Q12	In cases where the gastrointestinal (GI) tract is functional, what alternative	1.5	CO3
	nutrition support methods are commonly employed?		
Q13	What are the potential complications associated with refeeding syndrome to malnourished individuals?	1.5	CO3
	a) Enhanced muscle growth and improved cognitive function		
	b) A rapid decline in body weight		
	c) Electrolyte imbalances and metabolic disturbances		
	d) Reduced risk of nutrient deficiencies		
Q14	List down THREE major factors contributing to the high prevalence of	1.5	CO3
	malnutrition in critically ill patients.		
Q15	Which of the following is a potential complication associated with enteral nutrition?	1.5	CO3
	a) Increased risk of catheter-related infections		
	b) Improved gastrointestinal function		
	c) Reduced risk of aspiration pneumonia		
	d) Enhanced oral intake		
Q16	Which of the following situations is a primary indication for enteral nutrition?	1.5	CO3
	a) Mild malnutrition		
	b) Routine dietary supplementation		
	c) Severe dysphagia or inability to swallow safely		
	d) Preventing weight loss in healthy individuals		
Q17	What does the term "Transitional Feeding" mean?	1.5	CO3
Q18	What are semi-elemental diets?	1.5	CO3
Q19	What is behavior modification?	1.5	CO4
Q20	In the context of the behavior change model, what is the initial step that involves recognizing the need for change and understanding the potential benefits?	1.5	CO4
	a) Action		
	b) Maintenance		
	c) Contemplation		
	d) Precontemplation		
	Section B (4Qx5M=20 Marks)		
Q1	Explain the SOAP note format used in a clinical setting.	5	CO2
Q2	Differentiate between nutrition screening and nutrition assessment.	5	CO2
Q3	Explain in detail the significance and challenges of using anthropometric	5	CO2
-	assessment methods to check malnutrition status in patients in the Intensive Care Unit (ICU).		

Q4	What are the primary considerations in selecting enteral nutrition as a method	5	CO3
	for meeting the dietary needs of patients?		
	Section C		
	(2Qx15M=30 Marks)		
Q1	Mrs. Anderson is a 65-year-old patient who recently underwent major	15	CO3
	abdominal surgery due to colorectal cancer. Postoperatively, she developed	(3 marks ×	
	complications, including paralytic ileus and severe malabsorption issues. As a		
	result, Mrs. Anderson's oral intake is limited, and enteral nutrition is		
	contraindicated.		
	a. Identify the primary indications for initiating parenteral nutrition in Mrs. Anderson's case.		
	b. Determine the most appropriate site or route for administering		
	parenteral nutrition to Mrs. Anderson. Explain the rationale behind		
	choosing this particular site or route.		
	c. Outline the key nutritional requirements that need to be addressed in		
	Mrs. Anderson's parenteral nutrition plan.		
	d. Enumerate the advantages of employing parenteral nutrition in		
	patients with severe malabsorption or contraindications to enteral nutrition.		
	e. Identify potential complications associated with the administration of		
	parenteral nutrition and propose preventive measures to minimize the		
	risk of these complications.		
Q2	a. What are the potential complications associated with overfeeding?	15	CO3
	b. What is refeeding syndrome? Outline guidelines for its prevention in clinical	(7.5 marks	
	settings.	× 2)	
	Section D		
	(2Qx10M=20 Marks)		
Q1	Discuss the various texture modifications in therapeutic diets while managing	10	CO1
	specific medical conditions.		
Q2	What are the key factors influencing behavior change in patients, and how do	10	CO4
	these factors impact the success of interventions?		