

## **Code of ethics**

Please select a case or incident you had during your rotations, identify an issue that falls under the Code

of Ethics guidelines and briefly describe how you handled the issue.

During my clinical rotations, I have met patients with different PMH, ethnic backgrounds, SES, immigration status, and education levels, from pregnant women to comfort care. Once, I had to see a patient refugee from Azerbaijan. Pt with PMH of DM, and HTN, was admitted with big toe inflammation, and the great toe was amputated. During the assessment interview, the patient was very excited that I spoke Russian, and the patient was more comfortable sharing or reporting his problems and issues that potentially could interfere with his diet status. The patient reported that he came via Mexico, and during crossing the border his toe started to inflame. He also said that his food intake was poor and severely dehydrated. Pt does not have any food knowledge on how to manage his blood sugar. As a practitioner, I had to use the #1 code of ethics non-maleficence to help this patient in the best way. While making an assessment and providing MNT I had to consider his unique situation, PMH, and ethnic background. Because this pt was malnourished and at high risk nutritionally, I had to see this pt 3x, so I had an opportunity to teach him how to calculate meal carbohydrates and long-term diabetes management. Besides the medical team, I had to contact a social worker so the patient could get all the resources that were needed after discharge. I also referred him to outpatient dietitians to learn more about DM.

