

PART I (Complete Sections I – V):

I. Identifying data (1 point)

- A. First name: Bennett
- B. Description of the child - general appearance: hair: skin: skeletal development: eyes: muscle turgor: teeth:
Red hair, olive toned skin, brown eyes, skeletal development good, muscle turgor good, has all baby teeth that he should for his age.
- C. Economics environment, interaction with siblings and parents, time with babysitters or in day care:
Bennett comes from a middle class family. He spends most of the day with his mom and sisters, and his dad when he comes home from work. Bennett attends preschool for 4.5 hours, two times a week. He is not normally babysat, and doesn't go to day care.

II. Health history (10 points)

- A. Sex of child: Male
- B. Age of child: 5 years, 6 months
- C. Birth anthropometrics (of child):
 - (1) Birth weight (6 lbs 15.5 oz) and percentile range (between 25th and 50th percentile)
 - (2) Birth length (20 in) and percentile range (between 50th and 75th percentile)
 - (3) ATTACH PLOTTED GROWTH CHARTS
- D. Current anthropometrics (of child):
 - (1) Current weight (35lbs) and percentile range (on the 5th percentile line)
 - (2) Current length or height (3'5") and percentile range (on the 5th percentile line)
 - (3) ATTACH PLOTTED GROWTH CHARTS
- E. Number of siblings and their ages
2 siblings, ages 3 ½ and 2 years old
- F. Mother's obstetrical history - weight gain, term, parity (with your subject)
Gained 30lbs.
Term: 40 weeks 2 days
Parity: first child, no complications
- G. Child's history of illnesses (including any chronic diseases)
None
- H. Child's current use of medications, fluoride treatments?
No medications. Fluoride in the tap water.
- I. Child's dental history
Regular visits to the dentist. No cavities.
- J. Child's allergies, other food intolerances

None

III. Developmental skills assessment (6 points)

- A. Developmental skills – perform the Denver Developmental Screening Test (DDST) using the screening form handed out in class - **ATTACH THE COMPLETED SCREENING FORM**

- B. Summarize your findings from the DDST using the following format (refer to PowerPoint instructions on BYU Learning Suite):
 - (1) “No opportunity” items
 - 1. Count 5 blocks
 - Total - 1 items

 - (2) “Caution” items
 - 1. None identified
 - Total – 0 items

 - (3) “Delayed” items
 - 1. None identified
 - Total – 0 items

 - (4) Discuss your interpretation of the test, including if the child’s development would be categorized as “normal”, “suspect”, or “untestable” and any concerns you have with the child’s development.

Bennett performed all tasks quickly and without difficulty on the first try. His development would be categorized as “normal.” I have no concerns with his development.

IV. Nutritional assessment (8 points)

- A. Obtain a 24-hour recall from your subject. Most likely you will need to obtain this from the child’s caregiver(s). Enter his/her diet using USDA’s *ChooseMyPlate’s Super Tracker*. For this section, **ATTACH 3 PRINTOUTS FROM SuperTracker TO PROJECT:**
 - (1) “Food Group and Calories” Report
 - (2) “Nutrients” Report
 - (3) “Meal Summary” Report.

Please print your reports as PDF documents and attach to your completed project (see the printing instructions on p. 5).

- B. **SUMMARIZE:**
 - (1) Your subject’s macronutrient distributions (%) and whether the percentages are appropriate for his/her age based on macronutrient recommendations

Calories: 1344

Carbohydrates: 55%

Protein: 16%

Fat: 31%

These percentages are within the AMDR for children between the ages of 4-8 years old.

(2) The number of *MyPlate* food group equivalents your subject consumed based on his/her actual intake and how he/she is meeting (or not meeting) his/her personalized *MyPlate* food group recommended levels

Food Group:	Equivalents Eaten:	Recommended:	Meet Recommendation?
Grains	4 oz	6 oz	2 oz Under
Fruits	1¼ cup	1 ½ cups	Ok
Vegetables	½ cup	1 ½ cups	1 cup Under
Dairy	2 ¾ cup	2 ½ cups	Ok
Protein Foods	2 oz	4 oz	2 oz Under
Oils	3 tsp	4 tsp allowance	Under allowance

Bennett met the MyPlate requirements for fruits and dairy. He was 2 oz under the recommendation for grains, 1 cup under the recommendation for vegetables, and 2 oz under his allowance for protein foods.

(3) Your subject's actual vitamin and mineral intake and how it compares to vitamin and mineral DRIs for his/her age (i.e. is his/her diet high or low in any vitamins and minerals).

	Met Recommended Intake	Low Intake	High Intake
Vitamins	B6, B12, C, K, Thiamin, Riboflavin, Niacin	D (6µg under recommendation) E (3 mg AT under recommendation) Choline (51mg under recommendation)	A (657 µg over recommendation) Folate (444 µg DFE over recommendation)
Minerals	calcium, sodium, copper, iron, magnesium, phosphorus, selenium, zinc	Potassium (1536mg under recommendation)	None

Bennett had a low intake of vitamin D, vitamin E, Choline, and potassium. His intakes of vitamin A and folate were high. However, I am not worried about him consuming too much vitamin A because most of it was from carrots, so he consumed beta-carotene, which is not toxic.

C. Parental description of food habits - likes, dislikes, snacks, jags, pica.

Bennett really likes crackers, apples, clementine oranges, seaweed, apple sauce, carrots, sandwiches with lettuce, peanut butter and jelly sandwiches, and quesadillas. He does not like tomatoes or sauces on foods. When the food has sauce on it, it takes him a while to try the food. Even if he does not like a food, he will always try it at least once. A few years ago, he used to like to chew on ice through a washcloth. He tries to sneak into the cupboards and eat straight sugar.

D. Parental description of typical family meal times (do they sit at a table or in front of the TV or does everyone eats at different times, etc).

Bennett's family always eats their meals sitting at the dinner table together.

E. Child's intake of vitamin/mineral supplements?

None

F. Use of food assistance programs like WIC, SNAP, food bank, church resources, etc.

When Bennett was a baby, they used WIC and Food Stamps, but now no longer use any programs.

V. Nutritional care plan and implementation (15 points)

- A. Summarize (1-2 paragraphs) what you think are the most significant nutritional risk factors to this child and how the child's diet can be altered to reduce this risk.

My primary concern is that Bennett may not be eating enough. Using the RDA for caloric intake of 90kcal/kg, I calculate that Bennett needs 1431kcal/day. From his 24 hour recall, he ate just under that amount. He also ate less than the MyPlate recommendations for grains, vegetables, and protein. While this may not be a precise reflection of his everyday intake, I am concerned for his growth. At birth, he was between the 25th and 50th percentiles for weight and between the 50th and 75th percentiles for length. Now Bennett is on the 5th percentile line for both weight and stature. However, he scored very well on his developmental test and he usually eats until he wants to stop. To decrease Bennett's risk of growth faltering, I recommend that he eat more grains and protein foods to increase his caloric intake.

- B. Explain (1-2 paragraphs) any recommendations, suggestions, or education you plan to give the child's caregiver(s) and the rationale.

I recommend that Bennett's parents offer him more protein foods, such as chicken or beef, and more whole grain foods, since he consumed less than the recommended amounts for those foods. Eating more grains and protein foods would also help to increase his energy intake since these are often energy dense foods. I also plan on teaching his parents about the percentile system so that they can understand growth trends for children and why being on the 5th percentile could possibly be a risk.

PART II (Complete Section I – II):

- I. **Education (5 points):** Provide the child's caregiver(s) with the recommendations/advice you suggested in Part I (*after you review the instructor's comments*). Ideally, this should be done in-person. Summarize (1-2 paragraphs) what you discussed with the child's caregiver(s).

When I talked to Kim, Bennett's mother, I first made sure to reassure her that Bennett is developing just fine. I let her know that he passed the DDST with flying colors and that she was doing an excellent job of offering him a variety of foods and letting him choose how much to eat. After reassuring her, I then discussed Bennett's height and weight. At birth, Bennett was between the 25-50th percentiles for both height and weight, but now he is on the 5th percentile line for both. I explained how growth charts are best for measuring growth over time. I then let her know that this was **not** a diagnosis for faltering growth, but rather indicated that she should watch his growth for a while to make sure he still follows the growth line. I also briefly talked to her about protein foods, and that fish and nuts were excellent sources of protein.

- II. **Reflection (5 points):** Write 1-2 paragraphs about your overall impression of how the child's caregiver(s) received your advice (i.e. do you think the caregiver[s] will follow your advice? Why or why not?). Also describe how you could have improved the education you gave.

When I talked to Kim, I was very conscientious of not sounding like I was criticizing her as I gave her the education and advice. However, she started to become defensive when I told her that Bennett was on the 5th percentile. She told me that Bennett was just as tall as the other children in his classes and that he was never going hungry. I had to reassure her often that she was doing a good job as a mother. I think she was skeptical of my advice because she was on the defensive. However, I think that she will continue to monitor his growth in the future, just to be sure that he is growing normally.

This experience taught me a lot about how to counsel parents about their children. I didn't realize before how some parents do not like hearing parenting advice from others. When I counsel parents in the future, I will make sure to give more complements about what the parent is doing right before trying to give any advice. I should have done more of this with Kim when I was teaching her.