

## WELL-CHILD PROJECT

### PART I:

#### I. Identifying data

##### A. Devan

- B. Description of the child – general appearance, hair, skin, skeletal development, eyes, muscle turgor, teeth  
**i. overall appearance is pretty healthy; thick, red hair; fair skin; physically active and strong; eyes look normal; developing some cavities in the teeth.**
- C. Economics environment, interaction with siblings and parents, time with babysitters or in day care  
**i. Stays at home for the majority of his time**  
**ii. Attends preschool 2x's a week**  
**iii. Mother stays at home and plays with him often. They visit the grandparents' house at least once a week.**

#### II. Health history (10 points)

- A. (1) Sex of child and (2) age (years, months): **Male** **5 years, 3 months**
- B. (1) Birth date; (2) birth weight and percentile range; and (3) birth length and percentile range  
**Oct 11** **6# 3 oz, 25%ile** **18", 2-5%ile**
- C. (1) Present weight and percentile range and (2) present length or height and percentile range  
**43#, 50-75%ile** **43", 25-50%ile**
- D. Number of siblings and their ages  
**i. 1 sister (1 year 4 months)**
- E. Mother's obstetrical history - weight gain, term, parity  
**i. (Did not provide wt gain); Term = 2, Parity = 2**
- F. Child's history of illnesses (including any chronic diseases)  
**i. Simple colds, one case of swine flu**
- G. Medications, fluoride treatments?  
**i. Started a small dose of fluoride treatments recently**
- H. Dental history  
**i. Started brushing teeth 1 yr ago by himself; recent cavities**
- I. Allergies, other food intolerances  
**i. None reported**

#### III. Developmental skills assessment (6 points)

- A. Developmental skills – perform the Denver Developmental Screening Test (DDST) – *Attached*
- B. Discuss your interpretation of the test, including any concerns you have with the child's development (follow the example given on the *BYU Learning Suite*).  
**i. Devan completed all of the tests that I asked him to do. We didn't have blocks available, so that one was marked as "no opportunity." Of all of the tests that crossed into the blue section, Devan passed all except for the balancing on one foot for 6 seconds. He insisted that he leaned up against the couch for stability. Other than that, he was a pretty decent test taker. The tests were enjoyable for him, and he paid attention to me, even though he could have been distracted by his little sister or the television in the other room. He was very compliant to completing the tests. If he didn't understand my question, he would tell me, and I would restate the question or give him an example. Once I did this, he answered the questions correctly. Overall, 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 and analyze his/her diet using *ChooseMyPlate's Super Tracker*.
- B. **DISCUSS** child's macronutrient distributions (i.e. are they appropriate for his/her age), how he/she is meeting (or not meeting) his/her food group equivalents and nutrient requirements. Compare with DRI and *ChooseMyPlate* (not including supplements).
  - i. **For a 5 year old child, the distribution of carbs, fat, and protein are at adequate levels, but saturated fat is a little high. Fiber, potassium, and some of the fat-soluble vitamins are under the target range. On one of the charts, average amount of protein eaten was less than half of the target consumption. On the other hand, protein made up 17% of his diet, which was in the target range of 10 – 30%. One area of concern is his low intake of vegetables, which can be easily fixed.**

**V.**

- A. **USDA's ChooseMyPlate SuperTracker Printouts are attached.**
- B. Parental description of food habits - likes, dislikes, snacks, jags, pica
  - i. **He is a very picky eater, but he dislikes vegetables the most.**
- C. Child's intake of vitamin/mineral supplements? *None*
- D. Use of supplemental foods, WIC, SNAP, food bank, church resources, etc. *None*

**VI. 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.
  - i. **Devan eats a pretty good diet, but he could be encouraged to consume more vegetables. The nutrients that are lacking in his diet are fiber, potassium, and some of the fat-soluble vitamins are under the target range. A lack in fiber could make his digestion process slightly uncomfortable, so increasing fiber is something that can be done in a few different ways. First, try switching it up by having a wheat bread instead of white bread (you can find soft varieties so he will enjoy the texture). Also, adding more fruits and vegetables will also clear up his low intake of fiber. By adding more vegetables, the fat-soluble vitamins will be increased, and getting more vitamins is actually more important than consuming more fiber.**
- B. Explain (1-2 paragraphs) any recommendations, suggestions, or education you plan to give the child's caregiver(s) and the rationale.
  - i. **Some recommendations I would give to the mother is to try to incorporate more vegetables into both of their diets. They can be snacks, like carrots or snap peas, or become more prominent in the regular meals. Since Devan is getting a lot of saturated fat, it would be wise to look into the foods that are provided, and offer things with less saturated fat in them. Devan is also low in protein foods, so he might like to try eating tuna fish or peanut butter sandwiches, instead of cheese or sausage. Understanding that the data I received was only a 24-hour recall, this suggestion may be inaccurate, if the diet does include these options already. One last tip is that children like to eat what parents eat, so including more fruits and vegetables into the parents' diets will encourage Devan to try new foods as well. One Ellyn Satter principle is to keep offering a variety of fruits and vegetables. At some point, maybe even after 20 exposures, which is sometimes needed, Devan may decide to eat them.**

## WELL-CHILD PROJECT: PART II

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### **Recommendations given to child's caregiver:**

I noticed from the nutritional analysis that he is not getting enough protein. This can be fixed by incorporating more milk and lean meats into his diet (chicken or tuna would be some great choices). Also, keep on trying to give him vegetables. I was surprised to learn one principle from Ellyn Satter (a well-known name in child development) that it may take up to 20 times or more introductions to one food before a child might take it and like it. Some fruits and vegetables are super easy as snacks, and you might be able to try that with Devan (as another option besides string cheese). Some examples are snap peas, carrots, or sliced apples with peanut butter, or even "ants on a log" (celery, peanut butter and raisins).

To sum that up, you can try to do the following things to help Devan improve his diet:

- \* Add more protein (by milk, peanut butter, and/or lean meats like chicken and tuna)
- \* Add more fruits and vegetables (easy snack examples were listed above and a lot of example can be found online)
- \*Also... adding more fruits and vegetables can increase his fiber intake. Most kids don't like wheat bread and that is fine. If you haven't already, you might think of trying whole-wheat pasta in some of your meals. Devan won't even know he's getting more fiber!

### **Impact of the education:**

The mother told me that Devan has recently (and finally) decided that he likes tuna and veggies! He does not like all vegetables yet, but no one should even expect that at such a young age. The parents are noting progress with Devan, and they appreciate the advice and suggestions. The tips I gave to the mother are simple and I hope she can implement more of them into Devan's diet. Overall, things are going well.

### **How I could have improved the education given to the parent:**

It would have been beneficial to ask about the parent's understanding of the education received thus far. I could have asked the current eating habits, and then ask what possible changes they think would be good for the child. After that, I would have encouraged correct answers and offered more if parent could not express enough answers.