

Brigham Young University

Well-Child Project

After balancing carbohydrates for various scenarios using the diabetic exchanges, menus were created to translate the exchanges into daily food choices. Some of these menus were then analyzed in ESHA to compare the nutritional information provided by the exchanges versus ESHA and discrepancies compared. Then, for three days, one of the menus was followed in order to teach the difficulty of living with such a restrictive and calculated diet.

WELL-CHILD PROJECT

LISA MARIE LINDOW

PART I:

I. Identifying data

- A. Breeann
- B. Description of the child: olive skin, brown shiny hair, straight, healthy teeth, apparent muscle and bone strength, generally a child of good health, good energy, very precocious, loves to interact.
- C. Environment: The child is the youngest of five children and has good interactions and relations with all her siblings and parents. The family is lower middle class, the mother does not work and the child does not spend regular time with a babysitter or in day care. She does attend kindergarten in the mornings five days a week.

II. Health history

- A. Female 6 years 6 months.
- B. DOB: 9/2/04, 7 lb (75th-85th percentile) 20 in (50th-75th percentile)
- C. Weight: 51 lb (75th-85th percentile) Height: 3'10.5" (50th-75th percentile)
- D. Siblings, four older ages 15, 12, 10 and 6 years.
- E. Mother's obstetrical history: Gained about 35 pounds, carried full term, parity four.
- F. Child's history of illnesses: No significant illness, born with only one kidney.
- G. Medications: No medications or fluoride treatments.
- H. Dental history: No problems, good teeth.
- I. Allergies: None

III. Developmental and nutritional assessment

- A. Developmental skills: The child was able to do all items on the test with the exception of defining seven words. When asked to define words the child became very shy and would not even try even when prompted by parent. Attempt to assess was made twice and both times the child would not try.
- B. Food habits: The child is not a picky eater at all. Does not like smoothies but will eat just about anything. Mother tries to provide healthy foods. Family does not eat after 7 pm as part of a new diet plan.
- C. Supplements: Vitamin C daily.
- D. Nutrition: The 24^o showed that the child was getting possibly too little calories, which could be in part because she did not eat breakfast and also due to insufficiencies in the 24^o recall. Calcium was fairly low and iron was very low as was B12 most likely because the family does not eat a lot of meat. Folate was low as well because there were not many fruits and vegetables in the child's diet that day, though the mother reports that normally the family eats more vegetables than was reported. Protein makes up 10% of the child's calories for the day, carbs about 70% and fat 20%. In general the child was lacking in every food group with the highest being she met 55% of her dairy needs. However, as was already reported, the mother stated that the daily intake analyzed was not the child's typical diet.
- E. Supplemental foods, WIC, etc: None

IV. Nutritional care plan and implementation

- A. Nutritional risk factors: I would suggest that the family eat more meat to help meet the child's protein, iron, B12, and zinc needs. It could also be beneficial to try and have regular meal times where the child can be presented with different foods and have an opportunity to eat which could possibly help the child meet the recommended intake for all the food groups. The child eats fairly well and the mother is very health conscious. However, in an attempt to cut out "bad" foods such as red meat and cow's milk the mother is actually making it difficult for the children to get the nutrients they need. Therefore the most important suggestion I would have for the mother is to not be so restrictive with food at home and pay attention to MyPyramid so that the basic needs are being met rather than focusing on diet fads and extremes.

- B. Because it was apparent during the 24^o recall that the mother is very sensitive and defensive about what her family eats I do not plan on giving much advice because I feel she would take it very hard. Instead of giving specific recommendations I plan on directing her to the MyPyramid site, explain the general goals of MyPyramid and explaining how regular meal times and planning are important for eating a balanced meal. I plan on mentioning that eating more meat is important for children in order to get enough iron and protein and that is the only major issue I will address. If she has more questions I will be happy to answer them, but because she was so uncomfortable discussing the child's eating habits I do not want to add more stress to the situation by giving too much information at once.