

WELL CHILD PROJECT
RACHEL CRAWFORD

PART I(I-V):

Identifying data

- A. Name: Adam
- B. Adam is a healthy young boy with clear brown eyes, medium brown hair, of seemingly normal skeletal development, and white skin. He is active and happy and has white, clean teeth.
- C. Adam goes to school for the normal 8-5 time period but gets out early with the rest of his school-aged siblings on Fridays- around 1. When he is at home, he mostly plays with his siblings, particularly basketball. His mother is a stay-at-home mom and so he never goes to daycare.

II. Health history

- A. Adam is a 6-year-old male
- B. Adam was born on June 2, 2006, weighed 8 pounds even and was between the 50 and 75th percentile. At birth, he was about 19.5 inches and in the 25th and 50th percentile.
see attached plotted growth charts
- C. He now weighs about 50 pounds and is between the 75th and 90th percentile. He is also about 50.5 inches, or above the 95th percentile.
see attached plotted growth charts
- D. Adam has 4 siblings: Nathan is 10, Anna is 9, Adam is 6, Tyler is 3, and Sarah is 1.
- E. Mother's weight gain was normal and Adam was a full-term baby. Adam is her third child. She has never had any miscarriages or other problems in pregnancy.
- F. Adam has no history of disease or illness other than breaking both of his arms.
- G. Adam is on no medications or fluoride treatments of any kinds.
- H. Has had 1 cavity in his life. It was filled last fall.
- I. Adam has no allergies or intolerances.

III. Developmental skills assessment

- A. Developmental skills – perform the Denver Developmental Screening Test (DDST) using the screening form handed out in class
- B. Summarize your findings from the DDST (refer to PowerPoint instructions on BYU Learning Suite):
 - i. “No opportunity” items- none identified
 - ii. “Caution” items- none identified
 - iii. “Delayed” items- none identified
 - iv. This child is categorized as “normal”

IV. Nutritional assessment

- A. 24-hour recall: Lunch: whole wheat bagel sandwich with ham and cheese
 - 1 fruit roll-up
 - 1 granola bar
 - 1 lemonade juiceboxDinner: 1 slice cheese pizza
5 clementines

1 cup lemonade
Breakfast: 2 Belgian waffles
Whipped cream
1 cup water

- B. Summarize: Adam's macronutrient distributions are right on target and appropriate for his age group. He consumed 13% of his calories from protein, 63% of his calories from carbohydrate, and 27% of his calories from fat. However, he over-consumed calories in general and saturated fat. He also did not consume enough dietary fiber. Overall, Adam consumed too many grains and fruits and did not consume enough vegetables, dairy, protein foods, and oils. Adam's diet is high in sodium and low in calcium, and potassium. He is meeting all other vitamin and mineral requirements.
see attached Choose MyPlate Supertracker Nutrient Analysis
- C. Emily, Adam's mother, says Adam particularly likes apples but will eat any food.
- D. Breakfasts are eaten together at the bar in the house as everyone wakes up and gets food. Lunches are eaten at the school cafeteria, although Adam typically brings a lunch from home, and dinner is a family sit-down occasion.
- E. Adam does not consume any vitamins or supplements
- F. Adam and his mother do not use any sort of food assistance program.

V. Nutritional care plan and implementation

- A. Adam appears to be doing fairly well. He is active and his diet appears to be well-balanced among the macronutrients. However, his diet is not balanced among the food groups. He is under-consuming dairy and vegetables. Vegetables are of particular concern because other than the tomatoes on his pizza, Adam did not consume any vegetables at all. Although his vitamin and mineral needs are being met, adding vegetables would increase fiber consumption and help him develop healthy long-term habits that will decrease disease risk and assist in weight control.

I also am concerned with his under-consumption of dairy. His diet is inadequate in calcium which is necessary for bone growth and so increasing dairy consumption is essential to ensure proper bone ossification.

Finally, it seems to me that he is consuming a lot of his calories for lunch. I think it would be easier for him to be hungrier for dinner if he consumed less at lunch time. This is not of huge concern, but it would make it easier to provide more nutrient dense foods like vegetables and dairy. Because they often do not hold well in a packed lunch, they could be offered at dinner instead so no holding is required.

- B. The primary goal I would like to achieve in the counsel of this parent is to educate her on the principles of MyPlate. Simply knowing what a plate for each meal can and should look like will help to increase the mother's awareness on how to ensure that Adam gets all of the food groups in the right proportion that he needs.

Once Adam's mother understands the basic principles of MyPlate, I would recommend that she increase vegetable availability in Adam's diet and increase dairy consumption in Adam's diet. For this, I would suggest including a vegetable snack with lunch and providing a serving of vegetables for dinner. This will be a great start to get him to increase vegetable consumption. I would also suggest that she replace some of the sugary drinks in his diet with milk. This will both decrease his consumption of empty calories and increase his dairy consumption. Including a glass of milk with breakfast and a glass of milk with dinner would be a good way to do this. Sending chocolate milk to school with Adam would be another fun way to increase dairy consumption.

Finally, I would recommend that she think about decreasing food sent to school with him so that he might be hungrier for dinner later.

VI. Follow-up

During my counseling session with Adam's mom, Emily, I chose to focus on helping her understand the importance of increasing the availability of dairy and vegetables in Adam's diet. I pointed out that I had noticed he consumed a lot of fruit but no vegetables other than the tomato sauce on the pizza he ate for dinner. Emily told me that she typically includes more vegetables and that she would try to continue to do so. When I brought up milk consumption, Emily told me that Adam does not like milk, something that did not come up in our first visit. I counseled her to increase dairy in other ways, such as cheese and should have counseled her to seek calcium-fortified foods but completely forgot. Had I been thinking, I would have told her of the importance of dairy because calcium is so important in this time of bone growth, particularly when Adam enters puberty because he will need to establish his peak bone mass at this time. However, Adam seemed to be growing well and so I told her he was on probably on track nutritionally.

Adam's Nutrients Report 03/11/13 - 04/24/13

Your plan is based on a **1600 Calorie** allowance.

Nutrients	Target	Average Eaten	Status
Total Calories	1600 Calories	1682 Calories	Over
Protein (g)***	19 g	53 g	OK
Protein (% Calories)***	10 - 30% Calories	13% Calories	OK
Carbohydrate (g)***	130 g	265 g	OK
Carbohydrate (% Calories)***	45 - 65% Calories	63% Calories	OK
Dietary Fiber	25 g	21 g	Under
Total Fat	25 - 35% Calories	27% Calories	OK
Saturated Fat	< 10% Calories	11% Calories	Over
Monounsaturated Fat	No Daily Target or Limit	9% Calories	No Daily Target or Limit
Polyunsaturated Fat	No Daily Target or Limit	5% Calories	No Daily Target or Limit
Linoleic Acid (g)***	10 g	9 g	Under
Linoleic Acid (% Calories)***	5 - 10% Calories	5% Calories	OK
α-Linolenic Acid (g)***	0.9 g	0.7 g	Under
α-Linolenic Acid (% Calories)***	0.6 - 1.2% Calories	0.4% Calories	Under
Omega 3 - EPA	No Daily Target or Limit	7 mg	No Daily Target or Limit
Omega 3 - DHA	No Daily Target or Limit	4 mg	No Daily Target or Limit
Cholesterol	< 300 mg	125 mg	OK
Minerals	Target	Average Eaten	Status
Calcium	1000 mg	825 mg	Under
Potassium	3800 mg	1677 mg	Under
Sodium**	< 2300 mg	2670 mg	Over
Copper	440 μ g	944 μ g	OK
Iron	10 mg	13 mg	OK
Magnesium	130 mg	273 mg	OK
Phosphorus	500 mg	1313 mg	OK

Selenium	30 µg	110 µg	OK
Zinc	5 mg	7 mg	OK
Vitamins	Target	Average Eaten	Status
Vitamin A	400 µg RAE	678 µg RAE	OK
Vitamin B6	0.6 mg	1.8 mg	OK
Vitamin B12	1.2 µg	2.8 µg	OK
Vitamin C	25 mg	125 mg	OK
Vitamin D	15 µg	1 µg	Under
Vitamin E	7 mg AT	6 mg AT	Under
Vitamin K	55 µg	20 µg	Under
Folate	200 µg DFE	359 µg DFE	OK
Thiamin	0.6 mg	2.0 mg	OK
Riboflavin	0.6 mg	1.7 mg	OK
Niacin	8 mg	20 mg	OK
Choline	250 mg	163 mg	Under

Adam's Food Groups and Calories Report 03/18/13 - 04/17/13

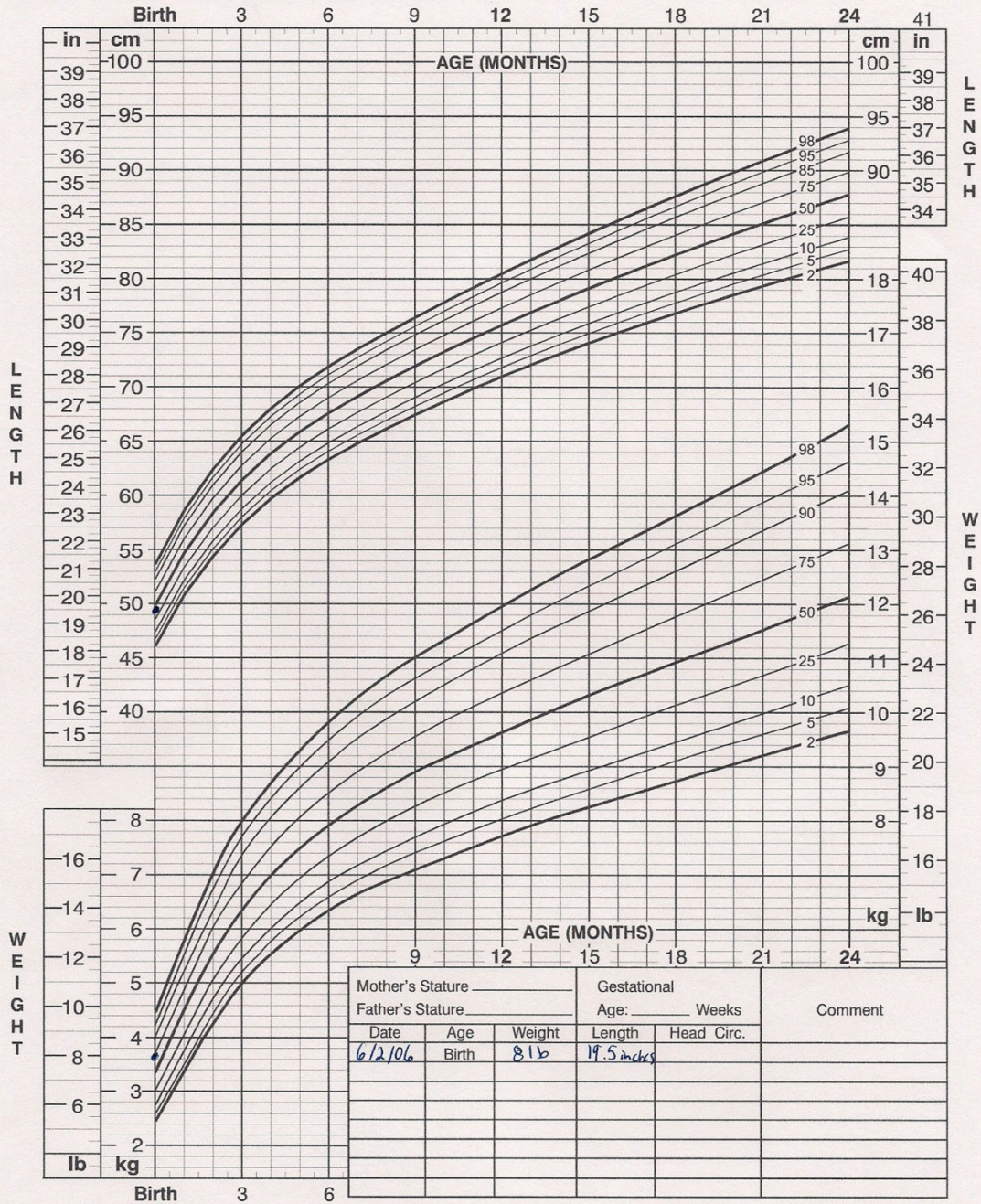
Your plan is based on a 1600 Calorie allowance.

Food Groups	Target	Average Eaten	Status
Grains	5 ounce(s)	8½ ounce(s)	Over
Whole Grains	≥ 3 ounce(s)	4½ ounce(s)	OK
Refined Grains	≤ 2 ounce(s)	3½ ounce(s)	Over
Vegetables	2 cup(s)	¼ cup(s)	Under
Dark Green	1½ cup(s)/week	0 cup(s)	Under
Red & Orange	4 cup(s)/week	¼ cup(s)	Under
Beans & Peas	1 cup(s)/week	0 cup(s)	Under
Starchy	4 cup(s)/week	0 cup(s)	Under
Other	3½ cup(s)/week	0 cup(s)	Under
Fruits	1½ cup(s)	2 cup(s)	Over
Whole Fruit	No Specific Target	1¾ cup(s)	No Specific Target
Fruit Juice	No Specific Target	¼ cup(s)	No Specific Target
Dairy	2½ cup(s)	1¼ cup(s)	Under
Milk & Yogurt	No Specific Target	0 cup(s)	No Specific Target
Cheese	No Specific Target	1¼ cup(s)	No Specific Target
Protein Foods	5 ounce(s)	2½ ounce(s)	Under
Seafood	8 ounce(s)/week	0 ounce(s)	Under
Meat, Poultry & Eggs	No Specific Target	2 ounce(s)	No Specific Target
Nuts, Seeds & Soy	No Specific Target	½ ounce(s)	No Specific Target
Oils	5 teaspoon	2 teaspoon	Under
Limits	Allowance	Average Eaten	Status
Total Calories	1600 Calories	1682 Calories	Over
Empty Calories*	≤ 121 Calories	519 Calories	Over
Solid Fats	*	261 Calories	*
Added Sugars	*	258 Calories	*

Birth to 24 months: Boys
Length-for-age and Weight-for-age percentiles

NAME Adam

RECORD # _____



Mother's Stature _____		Gestational Age: _____ Weeks		Comment
Father's Stature _____				
Date	Age	Weight	Length	Head Circ.
6/2/06	Birth	8.1 lb	19.5 inches	

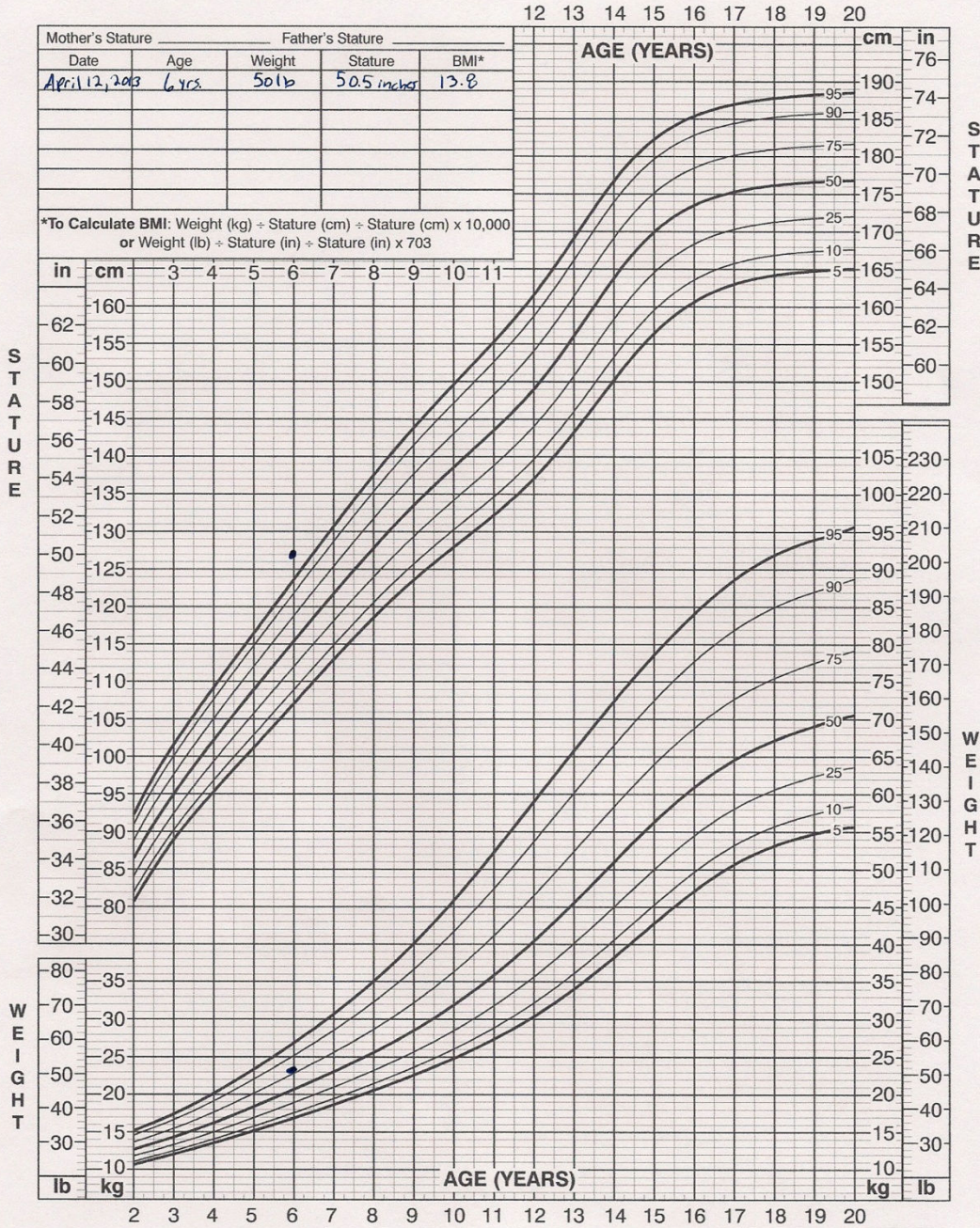
Published by the Centers for Disease Control and Prevention, November 1, 2009
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)



2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

NAME Adam

RECORD # _____



Published May 30, 2000 (modified 11/21/00).
 SOURCE: Developed by the National Center for Health Statistics in collaboration with
 the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

