# NSC 420 Medical Nutrition Therapy Pediatric Weight Management ADIME Note Abigail Graham

**Food and Nutrition Related History** 

roou and Nutrition Related History	<del></del>
Food and Nutrient Intake:	4,225 Kcals/ day
	486 grams/ carbs
	183 grams/ fat
	158 grams/ protein
Food and Nutrient Administration:	Does not have any prior diet experience,
	parents lack nutritional knowledge, she has no
	food intolerances, her parents provide her
	meals.
	24-hour food recall:
	2 breakfast burritos, 8 oz whole milk, 4 oz
	apple juice, 6 oz coffee with ½ c cream and 2
	tsp sugar.
	Lunch: 2 ham and cheese sandwiches with 1
	tbsp mayonnaise each, 1-oz pkg Fritos corn
	chips, 5-6 Oreos, 8 oz whole milk.
	After-school snack: peanut butter and jelly
	sandwich (2 slices enriched bread with 2T.
	crunchy peanut butter and 2 tbsp grape jelly)
	12 oz whole milk.
	Dinner: Fried chicken (2 legs and 1 thigh) 1 c
	mashed potatoes (made with whole milk and
	butter) 1 c fried okra, 20 oz sweet tea.
	Snack: 3 c microwave popcorn, 12 oz Coca-
	Cola
Medication and Complementary Alternative	Flintstone Gummies
Medicine:	
Knowledge, Beliefs, and Attitudes:	None identified
Behavior:	No perceived barriers or negative emotions,
Factors Affecting Access to Food and	None identified
Nutrition Related Supplies:	
Physical Activity and Function:	Sedentary, likes to play video games and
	reading, elementary school discontinued
	physical education.
Anthronometric Measurements:	

**Anthropometric Measurements:** 

then opometric measurements.		
Height for age:	85 <sup>th</sup> percentile	
Weight for age:	97 <sup>th</sup> percentile	
Significant?		
BMI for age:	97 <sup>th</sup> percentile	
Height:	57 inches	
Weight:	115 lbs	
BMI	24.9	

#### NSC 420 Medical Nutrition Therapy Pediatric Weight Management ADIME Note Abigail Graham

### **Biochemical Data, Medical Tests, and Procedures**

Chemistry	Ref. Range	9/22
Sodium, 10–14 yo (mEq/L)	136-145	142
Potassium, 10–14 yo (mEq/L)	3.5-5.0	4.3
Chlorida 10, 14 va (mEa/L)	98-108	101
Chloride, 10–14 yo (mEq/L) Carbon dioxide, 10–14 yo	22-30	101 25
(mEq/L)	22-30	23
(11124/2)		
BUN, 10–14 yo (mg/dL)	5-18	8
Creatinine serum, 10–14 yo	≤1.2	0.6
(mg/dL)		
Uric acid, 10–14 yo (mg/dL)	2.5–5.5	3.1
Offic acid, 10–14 yo (mg/dL)	2.3–3.3	3.1
Glucose, 10–14 yo (mg/dL)	70-99	112 🕇
, , ,		
Phosphate, inorganic, 10–14	2.2-4.6	3.1
yo (mg/dL		
Magnesium, 10–14 yo	1.6-2.6	1.7
(mg/dL)		
Calcium, 10–14 yo (mg/dL)	8.6-10.5	9.1
Calcium, 10 14 yo (mg/aL)	0.0-10.5	7.1
Osmolality, 10–14 yo	275-295	302
(mmol/kg/H2O)		
Bilirubin total, 10–14 yo	≤1.2	0.9
(mg/dL)		
Dilimbin direct 10 14 vo	<0.3	0.2
Bilirubin, direct, 10–14 yo (mg/dL)	<0.3	0.2
(mg/uL)		
Protein, total, 10–14 yo	6-7.8	6.5
(g/dL)		
Albumin, 10–14 yo (g/dL)	3.5-5	4.8
D 11 : 10 14	17.20	
Prealbumin, 10–14 yo	17-39	33
(mg/dL)		

## NSC 420 Medical Nutrition Therapy Pediatric Weight Management ADIME Note

Δ hiσail	Graham
ADIZAII	Granam

Adigan Granam	T	
Cholesterol, 10–14 yo (mg/dL)	<170	165
HDL-C, 10–14 yo (mg/dL)	>45	34
VLDL, 10–14 yo (mg/dL) LDL, 10–14 yo (mg/dL)	Calculated <110	13 118 ↑
LDL/HDL ratio, 10–14 yo	<3	9.07
Triglycerides, 10–14 yo (mg/dL)	<90	65
T4, 10–14 yo (μg/dL)	5.6-11.7	6.1
T3, 10–14 yo (μg/dL)	83-213	79
HbA1C, 10–14 yo (%)	3.9-5.2	4.5
Hematology		
WBC, 10–14 yo (×103/mm3)	4.0-13.5	4.1
Hemoglobin, 10–14 yo (Hgb, g/dL)	11-16	13.1
Hematocrit, 10–14 yo (Hct, %)	31-43	38

Glucose: elevated	Slightly elevated; not a fasting lab and Hgb
	A1c WNL
Osmolality - elevated	Slightly elevated glucose
HDL-C – elevated	High fat diet; physical inactivity
LDL – elevated	High fat diet
T3 – decreased	<b>Inconclusive- need more testing</b>

#### **Nutrition Focused Physical Findings:**

Vital Signs:	
Pulse	85
Resp rate	27
BP	123/80
<b>Body Language:</b>	Irritable, and tired
Muscles/ bones	Occasional c/o of nonspecific knee pain
Digestive:	normoactive bowel sounds in all four quadrants.

## NSC 420 Medical Nutrition Therapy Pediatric Weight Management ADIME Note

A	hic	rail	Graham
7 3	ULE	an	Oi anam

Cognition:	Conscious, alert, and oriented. Cranial nerves
	II through XII are intact grossly and symmetrically. No focal neurologic deficit.

### **Client History:**

Family History	Possible gestational diabetes; type 2 from
	mother and grandmother, mother has a BMI
	of 41- Obesity class III, sister has a
	weight/height in the 85 <sup>th</sup> percentile.

**Comparative Standards:** 

Comparative Standards.	
<b>Estimated Calorie Needs:</b>	1727 kcal (WHO formula for overweight
	females aged 9-13) sedentary
<b>Estimated Protein Needs:</b>	65 grams/ day- 15%
<b>Estimated Fluid Needs:</b>	2144 Fl/ Oz
<b>Estimated Carbohydrate Needs:</b>	237 grams/day – 55%
<b>Estimated Fat Needs:</b>	58 grams/ day – 30%

**Diagnosis** 

Problem:	Excessive oral intake
Etiology:	Food and nutrition related knowledge deficit
Signs/Symptoms:	Patient is under parent's care, who state they
	have said no prior nutrition education. Daily
	caloric intake of 4,225 Kcal compared to the
	recommended intake of 1727 Kcal/ day.

## **Intervention:**

Nutrition Prescription/ Meal Pattern	Jamey's individualized recommended dietary
	intake of 1727 kcal/ day with macronutrients
	of 65 grams of protein/day, 237 grams carbs/
	day, and 58 grams fats/day. Increase fruit and
	vegetable intake, decrease intake of saturated
	fat and sugar and processed foods and
	increase H2O intake.
Vitamin and Mineral Supplements	Omega 3s to increase HDL- C and overall
	health recommended
<b>Nutrition Related Medication Management</b>	none
<b>Nutrition Education/ Counseling</b>	Recommended modifications using a family
	centered approach by goal setting, social
	support, motivational interviewing, and

#### NSC 420 Medical Nutrition Therapy Pediatric Weight Management ADIME Note Abigail Graham

	rewards. Providing nutritional education of
	food label reading, and cooking classes.
<b>Nutrition Collaboration of Care/ Referrals</b>	Referral to doctor for T3 levels.
Physical Activity	Increase physical activity to at least 3 times a
	week for 30 minutes by incorporating
	activity-based video games.

## Monitoring and Evaluation: Return to clinic in 3 months for follow up

Labs	Monitoring Hgb A1c and lipids
Growth	Monitor weight/age, length/age, and BMI/age
Physical Activity	Monitor physical activity type and duration
Intake	Monitor food and beverage type, amount, and
	timing.
Knowledge and Behavior	Monitor knowledge, attitudes, and behaviors;
	identify barriers to change
Physical Signs and Symptoms	Monitor improvement of sleep apnea, BP,
	enuresis, and knee pain