134 Failure to Thrive

Definition/Cut-off Value

Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver. See Clarification for more information about self-reporting a diagnosis.

Note: For premature infants with a diagnosis of FTT also see: “Guidelines for Growth Charts and Gestational Age Adjustment for Low Birth Weight and Very Low Birth Weight Infants” (FNS Policy Memorandum 98-9, Revision 7, April 2004).

Participant Category and Priority Level

<table>
<thead>
<tr>
<th>Category</th>
<th>Priority</th>
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</thead>
<tbody>
<tr>
<td>Infants</td>
<td>1</td>
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<tr>
<td>Children</td>
<td>3</td>
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</tbody>
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Justification

Failure to thrive (FTT) is a serious growth problem with an often complex etiology. Some of the indicators that a physician might use to diagnose FTT include:

- Weight consistently below the 3rd percentile for age
- Weight less than 80% of ideal weight for height/age
- Progressive fall-off in weight to below the 3rd percentile
- A decrease in expected rate of growth along the child’s previously defined growth curve irrespective of its relationship to the 3rd percentile (1)

FTT may be a mild form of Protein Energy Malnutrition (PEM) that is manifested by a reduction in rate of somatic growth. Regardless of the etiology of FTT, there is inadequate nutrition to support weight gain (2).

References


Clarification

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.