

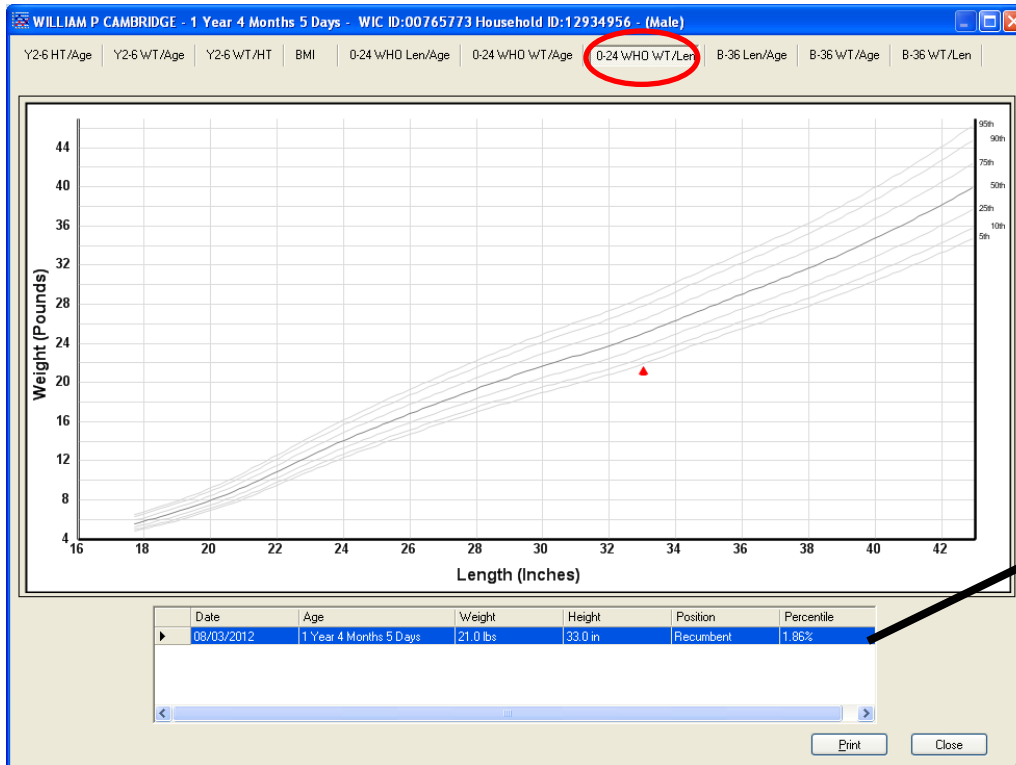
Answer Key for CASE STUDY

NAME: **William Cambridge**

BIRTHDATE: 3/29/2011

Charles has a re-certification appointment for his 16 month old son, William. Charles is a stay-at-home Dad and the primary caregiver for William. He says that William is a picky eater and does not eat well at mealtimes. At the appointment, you observe William holding a bottle filled with milk.

Following are the growth grids that are available to you:



Date:
8/3/2012

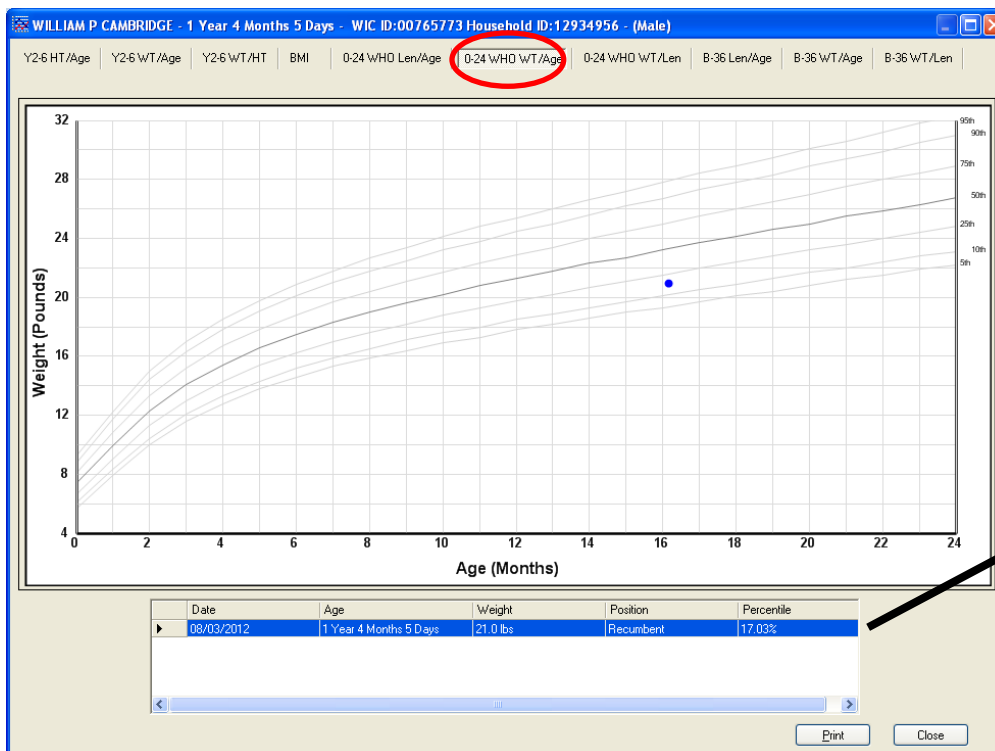
Age:
1 Year, 4 Months, 5 Days

Weight:
21 lbs.

Height:
33.0 in.

Position:
Recumbent

Percentile:
1.86 %



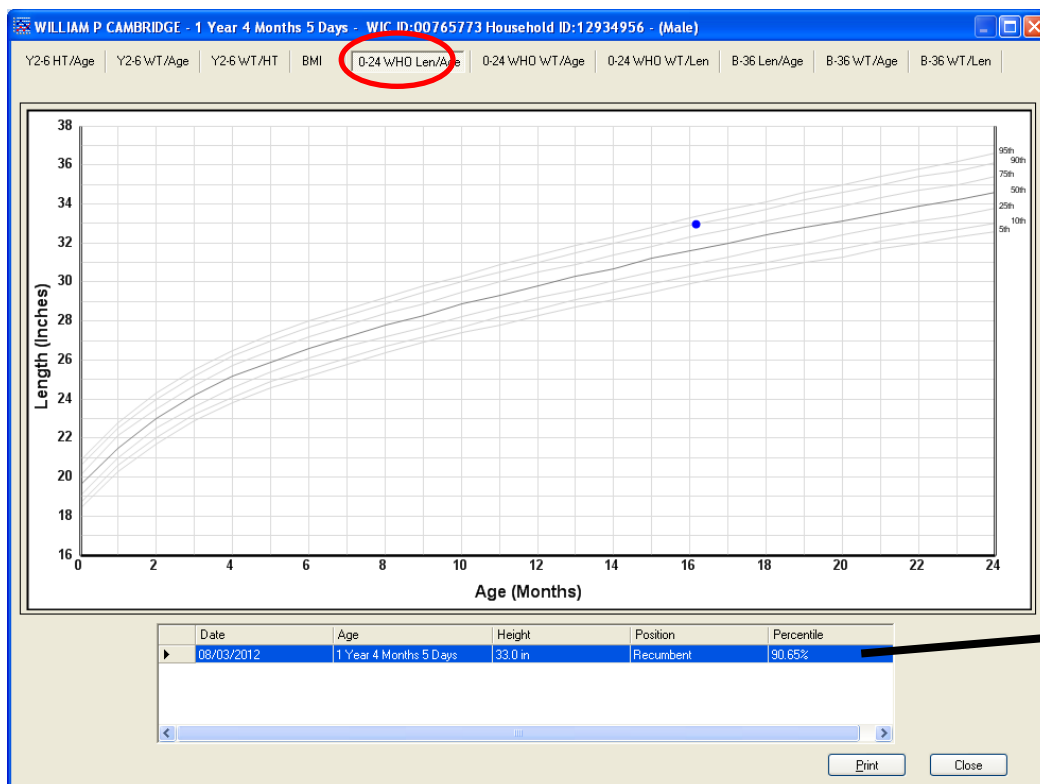
Date:
8/3/2012

Age:
1 Year, 4 Months, 5 Days

Weight:
21 lbs.

Position:
Recumbent

Percentile:
17.03 %



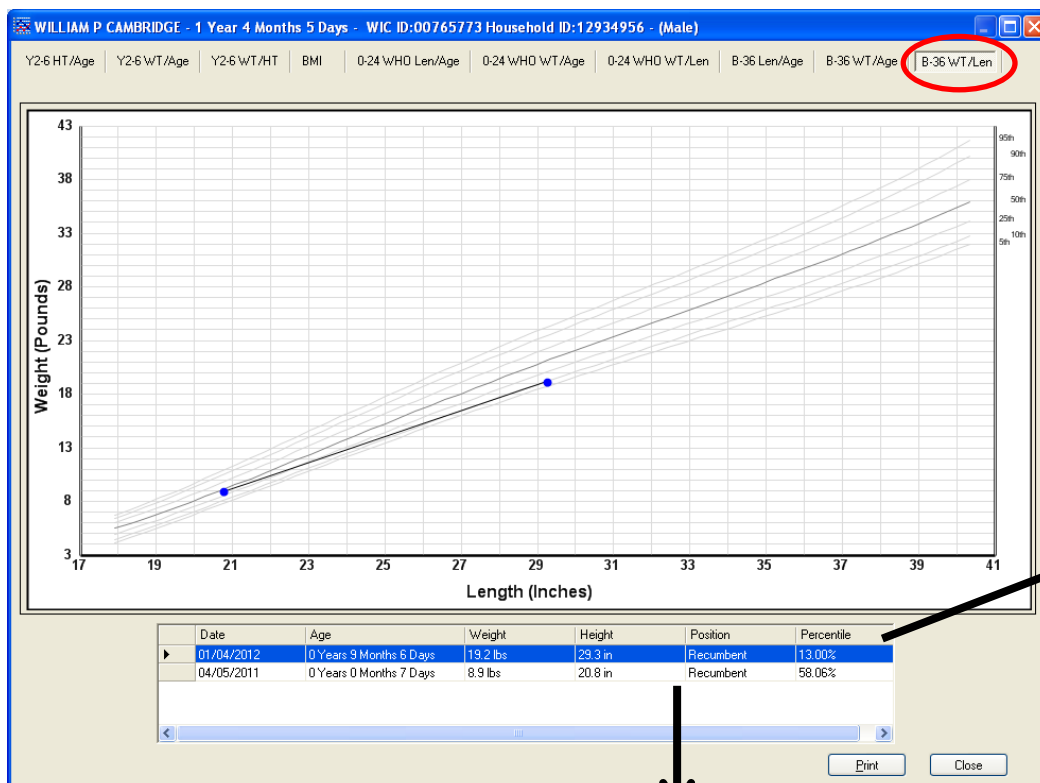
Date:
8/3/2012

Age:
1 Year, 4 Months, 5 Days

Height:
33.0 in.

Position:
Recumbent

Percentile:
90.65 %



Date:
1/04/2012

Age:
0Year, 9 Months, 6 Days

Weight:
19.2 lbs.

Height:
29.3 in.

Position:
Recumbent

Percentile:
13.00 %

Date: 04/05/2011 Age: 0 Years, 0 Months, 7 Days Weight: 8.9 lbs.

Height: 20.8 in. Position: Recumbent Percentile: 58.06 %

After evaluating the growth grids available to you, answer the following questions:

1. What anthropometric risk factor would be assigned by HuBERT?

103 Underweight

2. What information would you want to learn more about regarding this child? What are some questions you would ask to gather this information?

Recent illnesses

Appetite

General eating pattern –drinks throughout day; scheduled meals and snacks

Consumption of solid foods

How often are bottles used? Cup use?

Interaction/ discussion with physician

3. How would you explain the changes in the child's growth?

B-36 month chart (& file) shows no measures for William since 1 week of age. Would want to talk to Dad about anything he can share or remember about medical visits or CTC check-ups regarding growth of William.

Will want to monitor over next few visits. William is a high risk participant.

Medical condition underlying? High levels of liquids in diet? What is parent like (tall, slender)?

Other changes in William life that may cause poor weight gain?

4. Which of the charts is most helpful to you in your assessment? Why?

B-36 month chart (& file) shows no measures for William since 1 week of age. Weights of newborns tend to be inaccurate

Weight for length chart is most helpful

5. How would you use the growth grids in your conversation with Charles (or if you wouldn't use them, why not)?

Depending on level of awareness, may or may not show grids.

6. What follow up questions would you ask to see what Charles thinks of this information?

What are your thoughts about this information?

What makes sense to you about what we just talked about?

What does your doctor say about how William is growing?