Nutrition Strategies for Children with Special Needs

1999
Acknowledgements

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Introduction

Nutrition Strategies for Children with Special Needs was written to assist programs serving children with special health care needs and their families in including nutrition in the services provided. Children benefit best from therapy and other services when they are well nourished.

Completing the following tasks will help to ensure that a child is well nourished:

♦ Conduct nutrition screening.
♦ Give parents or caregivers anticipatory guidance or problem-specific advice.
♦ Make a referral for in-depth nutrition assessment when a need is recognized.
♦ Integrate recommendations from the assessment into the family or child’s individualized family service plan or individualized education plan (IFSP, IEP).

To help with these tasks, this manual includes information and tools on the following:

Nutrition Screening

This section features several tools, to be completed with a child’s parent/caregiver, to assist with nutrition screening. The nutrition screening form, A Look at Nutrition, identifies nutrition concerns for the child. A scoring system accompanies the screening form to help identify which children need to be referred for other nutrition services. A sample letter at the end of the section can help in making a referral. There is also a guide to measuring and weighing children and plotting this information on growth charts. The dietary screening tool, Foods My Child Eats, can be used, if desired, to gather more information about a child’s eating pattern.

Food Guidelines for Children

This section outlines recommendations for what young children should eat to stay healthy. It also outlines the progression most children follow when learning feeding skills.

* The term “children with special needs” will be used throughout this manual; it is intended to mean the same as “children with special health needs” or “children with special health care needs.”
Nutrition Concerns

Sections on each of ten nutrition-related health concerns make up the bulk of the manual. These Strategies sections are arranged in the order in which concerns are identified on the screening form. Each section features three parts:

Background information—a description of the causes, implications, and strategies for preventing and/or treating the nutrition concern.

Strategies—questions to help determine possible factors contributing to a child’s nutrition concern (Assess Further) paired with problem-specific advice for immediate action by parents/caregivers (Plan for Action).

Education materials—printed information to share with parents/caregivers that encourages them to Choose What You Can Use to find strategies that work for them and their children to alleviate the nutrition concern. There are English and Spanish versions of all education materials.

Specific Conditions

This section describes the common nutrition concerns of children with cerebral palsy, children with Down Syndrome, and infants prenatally exposed to drugs.

Resources

References, resources and places to order education materials are listed. Additional information and local phone numbers for agencies that can provide nutrition and dental services for children with special needs can be added to this section.

We hope that Nutrition Strategies for Children with Special Needs will be useful to WIC and other community-based public health nutritionists, early interventionists, care coordinators, home- and center-based teachers, community and school nurses, parent groups, therapists, and other professionals providing services to children with special health needs.

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Identifying Nutrition-Related Health Problems

Nutrition Screening — Identifying Concerns

The degree to which a child with special needs is at risk of impaired nutrition status depends on the nature and duration of risk factors. Nutrition screening is the process of identifying infants and children who have nutrition-related risk factors or concerns. A parent, caregiver, teacher, health professional or other adult must identify a problem before action can be taken to help the child.

The three-step nutrition screening process is as follows:

1. A child is identified for screening, preferably when enrolled in an early intervention program, school system program, or upon entering a public health or medical care system.

2. A parent/caregiver or health professional completes the screening form and obtains a recent weight and height for the child (and previous measurements if available).

3. A person trained to review the screening form determines the degree of nutrition risk using the scoring system described.

Anyone working to assure the health of infants or children with special needs may use the nutrition screening form to identify a nutrition problem. Parents can complete the form on their own, with review by a health professional. Or, nurses, educators, intake workers, care coordinators, nutritionists or other health professionals can interview parents/caregivers at a clinic, school, or home visit. If the parent/caregiver completes the form outside of an interview and any screening form questions are answered “yes,” the reviewer or another trained health professional must follow up with the parent/caregiver to assess the concerns further and plan for action to improve the child’s nutrition status.

The information on the nutrition screening form is used to identify concerns that directly affect a child’s health. Thus, it is critical to obtain accurate and detailed information. The form itself — A Look at Nutrition — and instructions for its use are included in this section. Additional information about food intake, if desired, can be obtained using the dietary screening tool, Foods My Child Eats.
Nutrition Scoring System — Determining Level of Nutrition Risk

Once nutrition concerns are identified using the screening form, it is important to determine which children need additional nutrition services. A scoring system coordinated with the screening form provides a quick and easy way to determine what action to take — to review information and give appropriate nutrition guidance to the parent/caregiver, and whether to also generate a referral for a more in-depth nutrition or medical assessment.

Adding up the points assigned to each screening question produces a screening score indicating the degree of nutrition risk: no risk (total score of 0), low risk (total score of 1 to 4), or high risk (total score of 5 or more). See Nutrition Screening Scoring System in this section for complete details.

Outcomes of Nutrition Screening — What You Can Do

When a nutrition-related health concern is identified, what can you do to help? You can provide anticipatory guidance and information for children with low levels of nutrition risk, potentially preventing the need for further nutrition services. For those children with a high level of nutrition risk, you can take initial action and refer them to other resources that will help them start on the path toward better health.

Use the contents of this manual to provide parents/caregivers with information on specific nutrition problems. Each section contains facts about a nutrition-related health concern and its implications for children with special needs. You will also find suggestions for assessing the problem further, and strategies to enable parents/caregivers to begin addressing the nutrition concerns of their children. Use printed education materials when appropriate, but always explain the information verbally as well.

For example, if a child is not gaining enough weight, you can help determine why by asking further assessment questions (see the Strategies pages in the Underweight section). Then, if inadequate food intake is identified as the problem, you can help the parent/caregiver select high-calorie foods to include at meals and snacks (using the education materials in the Underweight section).
Continuing this example, you could also refer the child to one or more of the following:

♦ The Women, Infants and Children Supplemental Nutrition Program (WIC) program (if the child is under age 5) to obtain supplemental food.

♦ A physical or occupational therapist, if the child’s neurological condition is making it difficult for the child to chew and swallow.

♦ A nutritionist who can address growth delays, a special diet, or multiple problems.

♦ A physician for follow up on nutrition-related medical concerns.

♦ A feeding team for complex feeding problems requiring a team assessment that includes behavioral, neuromotor, and nutritional components.

All referrals should follow your program’s referral policy and be discussed with the parent/caregiver first.
Instructions for A Look at Nutrition — Nutrition Screening Form

Use the following information as a guide to complete the nutrition screening form, A Look at Nutrition, during an interview with the parent/caregiver. Or, use it as a guide to review a form completed by a parent/caregiver.

Demographic Information

Record the date of screening (Today’s Date). While it is true that name, address, birth date and the like are often available from other resources (e.g., a medical chart), gather this information again to make sure it is current and accurate.

Health Questions

Where indicated, gather information beyond a “Yes” or “No.” Refer to Definitions of Nutrition Concerns (in this section) for definitions and examples of each health problem. A “Yes” answer usually warrants further assessment (see sections in the manual corresponding to each problem) and the development of a plan for action. If the score on the nutrition screening form is five or more, follow your program’s policy in referring the child for additional nutrition services.

Ethnicity and Diagnosis

Record what the parent/caregiver reports. Medical diagnoses can be confirmed with medical records later.

Obtaining Weight and Height Measurements

Information regarding current weight and height, as well as previous growth measurements, is best obtained when conducting the interview or when the child is available to be measured, rather than waiting until the form is being reviewed. For instructions on accurately obtaining this information, refer to Guidelines for Weighing and Measuring Children (in this
section). It is essential to indicate the source and record the date of measurements in the spaces provided under “For Office Use Only”.

For Office Use Only

Be sure to complete this part, either during an interview or when reviewing the form. It includes information vital to helping children and their families address their nutrition-related health problems and documents appropriate referrals.

♦ **Person** — Write your name and agency, then check the category that most closely identifies your role.

♦ **Weight/Height** — Record and plot the measurements on the appropriate growth chart. For most children, this is the NCHS chart included in this manual. Growth charts for children with Down Syndrome are also included in this section of the manual. For more information on how to plot growth measurements, see *Recording and Plotting Measurements on Growth Charts* (in this section). After plotting the measurements you will be able to determine how this child’s weight and height compare to other children’s of the same age, as well as the child’s risk for overweight, underweight or delayed growth.

♦ **Biochemical Values** — Record any values available to you (such as from a medical chart), especially serum iron, hemoglobin or hematocrit as an indicator of anemia.

♦ **Action Taken** — Use the *Definitions of Nutrition Concerns* and the *Nutrition Screening Scoring System* (in this section) to determine what action to take, and whether you need to request a referral for nutrition services. Your program should establish a referral policy indicating when it is appropriate to send a letter to the child’s physician requesting a nutrition referral and when it is appropriate to refer the child to an agency that provides nutrition services, such as the state Title V Program for Children with Special Health Care Needs (CSHCN).

Usually the best way to make a referral is to discuss the need for a referral with the parent/caregiver and give him or her a copy of the nutrition screening form. At the same time, copy the screening form and complete the referral letter to the child’s physician or appropriate agency, with the applicable concerns identified (see sample referral letter in this section). You may also check other boxes under “action taken,” as they apply.
A LOOK AT NUTRITION
(Nutrition Screening Form)

Child's Name:__________________________________________  Today's Date: _____________________
Address: ______________________________________________  Phone: (___) _______________________
City: _________________________________________  State: _______________  Zip Code: ___________
Birthdate: [month/day/year]  Birthweight: ___ ___ pounds ________ ounces_________ grams
Current Age: __________________  Sex: □ Male    □ Female

(2 pts. if <2 y.o. and LBW or PM)
Was your child premature (born early)?  □ Yes  □ No
If yes, how many weeks was he/she born early? _____ weeks
Did you breastfeed your child?  □ Yes  □ No  If yes, for how long? _______  months

The following questions will help us learn more about your child. Please answer each of the following questions.

1. How does your child appear to you?
   □ overweight (3)  □ underweight (4)  □ just right  □ short (2)

2. Do any of the following apply to your child's food intake?  □ Yes (3)  □ No
   If Yes, check all that apply:
   □ refuses many foods  □ drinks more than 40 oz. milk per day  □ eats too much
   □ refuses solid foods  □ has a poor appetite  □ eats too little
   □ eats fewer than 3 times a day  □ other: ______________________________________

3. Does your child have any feeding or eating problems?  □ Yes (4)  □ No
   If Yes, check any of the following that apply:
   □ difficulty sucking  □ difficulty feeding self  □ chokes on solids
   □ difficulty chewing foods  □ chokes on liquids  □ loses food from mouth
   □ using bottle after age 2 years  □ difficulty drinking from cup
   □ other: ________________________________________________________________________

4. Does your child have a feeding tube?  □ Yes (5)  □ No

5. Is your child on a special diet for a medical condition (e.g., diabetes, PKU,...)? □ Yes (4)  □ No
   If Yes, what kind? __________________________________________________________________

6. Is your child allergic to, or intolerant of, any foods?  □ Yes (2)  □ No
   If Yes, what foods? __________________________________________________________________

7. Does your child regularly have diarrhea?  □ Yes (3)  □ No

8. Does your child regularly have constipation?  □ Yes (2)  □ No

9. Does your child regularly vomit?  □ Yes (3)  □ No

10. In the past six months was your child found to be anemic (low blood iron)? □ Yes (2)  □ No

11. Does your child currently have dental problems?  □ Yes (2)  □ No

12. Does your child take medications?  □ Yes (1)  □ No
   If yes, what medication and for how long? __________________________________________________________________

13. Does your child take vitamins/minerals/home remedies?  □ Yes (1)  □ No
   If yes, name of supplement(s): _____________________________________________________
14. What is your child’s activity level?  
   - [ ] walks independently  
   - [ ] needs help walking (braces/walker)  (2)  
   - [ ] does not walk  
   - [ ] not old enough to walk

15. Do you have trouble buying enough food to feed your family?  
   - [ ] Yes (3)  
   - [ ] No

16. Does your child participate in any of the following programs? (check all that apply)  
   - [ ] WIC  
   - [ ] CHDP/EPSDT  
   - [ ] State Disabilities Program (Regional Center)  
   - [ ] Early Intervention  
   - [ ] SSI  
   - [ ] Head Start  
   - [ ] Special Education  
   - [ ] Private Therapy  
   - [ ] TANF  
   - [ ] Medicaid (MediCal)  
   - [ ] Private Insurance  
   - [ ] Food Stamps  
   - [ ] State CSHCN program (CCS)  
   - [ ] Other: ____________________

17. Do you have additional concerns about your child’s growth, nutrition or eating?  
   - [ ] Yes (1)  
   - [ ] No

<table>
<thead>
<tr>
<th>Child’s Ethnicity (check major one)</th>
<th>Child’s Medical Diagnosis* (check any which apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>Asthma/Pulmonary Disease</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>Autism/Pervasive Dev. Del. (PDD)</td>
</tr>
<tr>
<td>Native American</td>
<td>Bronchopulmonary Disease (BPD)</td>
</tr>
<tr>
<td>African American/Black</td>
<td>Cancer</td>
</tr>
<tr>
<td>Southeast Asian</td>
<td>Cardiac (Heart) Disease</td>
</tr>
<tr>
<td>Asian</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>Chromosome Disorder (e.g., Down Syndrome)</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>Craniofacial (e.g., Cleft Lip/Palate)</td>
</tr>
<tr>
<td>Unknown</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Other:</td>
<td>Developmental Delay</td>
</tr>
<tr>
<td></td>
<td>Epilepsy/Seizures</td>
</tr>
<tr>
<td></td>
<td>Gastrointestinal Disorder (GI)</td>
</tr>
</tbody>
</table>

---

**FOR OFFICE USE ONLY**

PERSON FILLING OUT THIS FORM:  
- [ ] Parent or caregiver  
- [ ] Case manager  
- [ ] Educator/teacher  
- [ ] Nutritionist  
- [ ] Intake worker  
- [ ] Health professional (OT, MD, RN, SW, PT, SLP)

WEIGHT and HEIGHT MEASUREMENTS:  
- Weight: _____ lbs./or _____ Kg.  
- Length/Height: _____ in./or _____ cm.  
- Head Circumference: _____ in./or _____ cm.  
- Wt/Age Percentile: _____  
- Ht/Age Percentile: _____  
- W/Ht Percentile: _____

ABOVE MEASUREMENTS OBTAINED FROM - check one of the following (please list the date of measurement):  
- Measured by clinic staff at this visit, date _________________  
- Record (medical), date _________________  
- Stated by caregiver, date _________________

LAB VALUES:  
- Iron (Hgb, Hct, serum iron) _________________ Date: _________________ Other: _________________

ACTION TAKEN:  
- Screening Score = _________________  
- No Risk  
- Low Risk (<5): Nutrition Information Given  
- High Risk (5 or more): Information and Referral  
- Referred to nutritionist, Name: _________________ Date: _________________  
- Previously seen by nutritionist, Location: _________________ Date: _________________  
- Currently receiving nutrition services, specify: _________________  
- Referral for other services, specify: _________________ Date: _________________

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**EVALUACIÓN DE NUTRICIÓN**  
(Nutrition Screening Form)

**Nombre del Niño:** ______________________________________  
**Fecha (este día):** ___________________  
**Domicilio:** _____________________________________________  
**Teléfono: (___) _____________________**

**Ciudad:** ______________________________________  
**Estado:______________  Zona Postal: __________**

**Fecha de Nacimiento:** ____ / ____ / _____  
**Peso al Nacer:** ______ libras ______ onzas ______ gramos**

**Edad Actual: ______________**

<table>
<thead>
<tr>
<th>Sexo</th>
<th>Masculino</th>
<th>Femenino</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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¿Nació su bebé prematuro (antes de tiempo)?  
☐ Sí    ☐ No

Si fue prematuro, cuantas semanas antes? _______ semanas

¿Le dio pecho a su hijo?  
☐ Sí    ☐ No

¿Por cuanto tiempo? ______ meses

---

Las siguientes preguntas nos ayudarán a saber más de las salud nutricional de su niño(a). Por favor marque su contestación a cada una de las preguntas.

1. ¿Cómo ve usted a su hijo(a)?  
☐ sobrepeso (3) ☐ bajo de peso (4) ☐ como debe estar ☐ bajo de estatura (2)

2. ¿Cuales declaraciones aplican a su hijo(a) para comer?  
☐ Sí (3) ☐ No

Marque las respuestas que corresponden:

- ☐ rehusa muchas comidas
- ☐ toma más de 40 oz. de leche cada día
- ☐ come mucho
- ☐ rehusa comida solida
- ☐ tiene poco apetito
- ☐ come muy poco
- ☐ come menos de 3 veces al día
- ☐ otros: ____________________________________

3. ¿Tiene su hijo(a) problemas para poder comer o alimentarse?  
☐ Sí (4) ☐ No

Si tiene problemas, marque los apropiados:

- ☐ dificultad para mamar
- ☐ dificultad para comer solo
- ☐ se ahoga con comida solida
- ☐ dificultad para masticar
- ☐ se ahoga con líquidos
- ☐ loses food from mouth
- ☐ toma en botellas despues de 2 años
- ☐ dificultad para tomar de una taza
- ☐ otros: ____________________________________

4. ¿Tiene su hijo(a) un tubo gástrico para comer?  
☐ Sí (5) ☐ No

5. ¿Requiere su hijo(a) una dieta especial (e.g., diabético, PKU, etc.)?  
☐ Sí (4) ☐ No

¿Si tiene una dieta especial, cual es? ________________________________________________

6. ¿Su hijo(a) es alérgico o no tolera ciertas comidas?  
☐ Sí (2) ☐ No

¿Sí es alérgico, a cuales comidas? ________________________________________________

7. ¿Tiene su hijo(a) diarrea con regularidad?  
☐ Sí (3) ☐ No

8. ¿Tiene su hijo(a) estreñimiento con regularidad?  
☐ Sí (2) ☐ No

9. ¿Su hijo(a) está vomitando con regularidad?  
☐ Sí (3) ☐ No

10. ¿En los últimos seis meses, encontraron que su hijo(a) padece o padecía de anemia?  
☐ Sí (2) ☐ No

11. ¿Ahora tiene su hijo(a) problemas dentales?  
☐ Sí (1) ☐ No

12. ¿Su hijo(a) está tomando medicamentos?  
☐ Sí (2) ☐ No

¿Se está tomando medicinas, cuales son y por cuanto tiempo? ____________________________

13. ¿Su hijo(a) está tomando vitaminas o minerales o remedios caseros?  
☐ Sí (1) ☐ No

¿Si está tomando vitaminas o minerales o remedios caseros, cuales son? ____________________________
14. ¿Cuál es el nivel de actividad de su hijo(a) actualmente?

- [ ] camina independientemente
- [ ] necesita ayuda para caminar (aparatos especiales) (2)
- [ ] no camina
- [ ] no tiene edad suficiente para caminar

15. ¿Es difícil comprar suficiente comida para alimentar a su familia?  
- [ ] Sí (3)  
- [ ] No

16. Recibe su hijo(a) servicios de los siguientes programas? (marque todos los que está recibiendo ahora)

- [ ] WIC
- [ ] CHDP/EPSDT
- [ ] State Disabilities Program (Centro Regional)
- [ ] Early Intervention
- [ ] SSI
- [ ] Head Start
- [ ] Educación Especial
- [ ] TANF
- [ ] Medicaid (MediCal)
- [ ] Seguro Privado (o HMO)
- [ ] Estampillas de Comida
- [ ] Programa de Terapia Privada
- [ ] State CSHCN program (CCS)
- [ ] Other: ______________________________________________________

17. ¿Tiene otras preocupaciones acerca del crecimiento, nutrición o de comer de su hijo(a)?

- [ ] Sí (1)  
- [ ] No

---

<table>
<thead>
<tr>
<th>Origen étnico (marque uno, por favor)</th>
<th>Diagnóstico médico (marque todos los que están usando ahora)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucáscio</td>
<td>Asma/Enfermedad Pulmonar</td>
</tr>
<tr>
<td>Hispano/Latino</td>
<td>Autismo/Pervasive Dev. Del. (PDD)</td>
</tr>
<tr>
<td>Indio Americano</td>
<td>Displasia Bronchopulmonar (BPD)</td>
</tr>
<tr>
<td>Negro</td>
<td>Cancer</td>
</tr>
<tr>
<td>Sur-Este Asiático</td>
<td>Enfermedad Cardiaca</td>
</tr>
<tr>
<td>Asiático</td>
<td>Parálisis Cerebral</td>
</tr>
<tr>
<td>Islas del Pacífico</td>
<td>Trastornos Cromosomales (p.ej.: Sindrome de Down)</td>
</tr>
<tr>
<td>Nativo de Hawaii</td>
<td>Anomalía Craniofacial (p.ej.: fisura en el labio/paladar)</td>
</tr>
<tr>
<td>Desconocido</td>
<td>Fibrosis Quistica</td>
</tr>
<tr>
<td>Otro:</td>
<td>Retraso en el Desarrollo</td>
</tr>
<tr>
<td></td>
<td>Epilepsia/Convulsiones</td>
</tr>
<tr>
<td></td>
<td>Disorden Intestinal (GI)</td>
</tr>
</tbody>
</table>

---

FOR OFFICE USE ONLY

PERSON FILLING OUT THIS FORM:
- [ ] Parent or caregiver
- [ ] Case manager
- [ ] Educator/teacher
- [ ] Nutritionist
- [ ] Intake worker
- [ ] Health professional (OT, MD, RN, SW, PT,SLP)

WEIGHT and HEIGHT MEASUREMENTS:

Weight: _____ lbs. / or _____ Kg.  
Length/Height: _____ in./or _____ cm.  
Head Circumference: _____ in./or _____ cm.  
Wt/Age Percentile:  
Ht/Age Percentile:  
Wt/Ht Percentile:  

ABOVE MEASUREMENTS OBTAINED FROM - check one of the following (please list the date of measurement):
- [ ] Measured by clinic staff at this visit, date _____________  
- [ ] Record (medical), date _________________  
- [ ] Stated by caregiver, date _______________

LAB VALUES:  
Iron (Hgb, Hct, serum iron) _____________ Date:_______________ Other: _________________

ACTION TAKEN:
- [ ] No Risk  
- [ ] Low Risk (<5): Nutrition Information Given  
- [ ] High Risk (5 or more): Information and Referral
- [ ] Referred to nutritionist, Name: __________________________ Date: _______________
- [ ] Previously seen by nutritionist, Location: __________________________ Date: _______________
- [ ] Currently receiving nutrition services, specify: __________________________ Date: _______________
- [ ] Referral for other services, specify: __________________________ Date: _______________

Supported in part by Grants # MCJ-069345, MCJ-009076 from the Maternal and Child Health Bureau, HRSA, DHHS. For further information on its use contact: Marion Taylor Baer, PhD, RD, Cary Bujold, MPH, RD or Anne Bradford Harris, MPH, MS, RD, USC University Affiliated Program, Childrens Hospital, Los Angeles, (323) 669-2300, revised 9/98 (f:\uap\projects\mentor\stratmn3\scorescn.998)
Definitions of Nutrition Concerns

The following is a list of concerns, or health problems, which might be identified on the screening form, and the definitions. Use the nutrition screening scoring system (next item in this section) to determine if a child should be referred for individualized nutrition services.

<table>
<thead>
<tr>
<th>CONCERN</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity or Low Birth Weight</td>
<td>Child is currently less than two years of age AND was born more than 3 weeks premature (less than 37 weeks gestational age) or has a birth weight less than 2500 grams = 5 pounds 8 ounces (LBW).</td>
</tr>
<tr>
<td>Overweight</td>
<td>Child’s weight for height is &gt;95th percentile on NCHS growth charts, or child has recently gained weight at a faster than normal rate.</td>
</tr>
<tr>
<td>Underweight</td>
<td>Child’s weight for height is &lt; 5th percentile on NCHS growth charts, or child has recently lost any weight.</td>
</tr>
<tr>
<td>Short stature</td>
<td>Child’s height for age is &lt; 5th percentile on NCHS growth charts, or child’s growth rate is slowing.</td>
</tr>
<tr>
<td>Inadequate food intake</td>
<td>Child does not eat any foods from an entire food group (milk products, meat/poultry/fish/beans, fruits, vegetables, or grain products). Child consumes a large amount of one food at the expense of others (such as drinking over one quart of milk and eating few solid foods). Child is a “picky” eater — refusing to eat foods of a certain texture or color, refusing to eat at certain times or refusing to eat adequate amounts of foods.</td>
</tr>
<tr>
<td>Feeding difficulties</td>
<td>Child’s eating skills are inappropriate for his/her age due to mechanical feeding problems (e.g., choking, difficulty sucking or chewing) or delayed feeding skill development (e.g., difficulty feeding self or drinking from a cup).</td>
</tr>
<tr>
<td>Feeding tube</td>
<td>Child receives any type of tube feeding for all or a portion of daily nutrition.</td>
</tr>
<tr>
<td>Special diet</td>
<td>Child requires a special diet to manage a medical condition such as diabetes, renal disease, PKU, galactosemia, allergy, etc.</td>
</tr>
</tbody>
</table>

*continued on next page*
<table>
<thead>
<tr>
<th>CONCERN</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food intolerance or allergy</td>
<td>Child has a physiological sensitivity or reaction to specific foods, food components, or entire food groups.</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Child has frequent and fluid bowel movements not associated with acute illness or taking medication.</td>
</tr>
<tr>
<td>Constipation</td>
<td>Child has infrequent or difficult passage of hard, dry stools not associated with acute illness or taking medication.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Child vomits all or part of a feeding on a daily basis.</td>
</tr>
<tr>
<td>Anemia</td>
<td>Child’s hemoglobin (Hgb) or hematocrit (Hct) meets the following age-specific values:</td>
</tr>
<tr>
<td></td>
<td><strong>Age (years)</strong></td>
</tr>
<tr>
<td>1 - &lt; 2</td>
<td>both</td>
</tr>
<tr>
<td>2 - &lt; 5</td>
<td>both</td>
</tr>
<tr>
<td>5 - &lt; 8</td>
<td>both</td>
</tr>
<tr>
<td>8 - &lt; 12</td>
<td>both</td>
</tr>
<tr>
<td>12 - &lt; 15</td>
<td>female</td>
</tr>
<tr>
<td>12 - &lt; 15</td>
<td>male</td>
</tr>
<tr>
<td>15 - &lt; 18</td>
<td>female</td>
</tr>
<tr>
<td>15 - &lt; 18</td>
<td>male</td>
</tr>
<tr>
<td>≥ 18</td>
<td>female</td>
</tr>
<tr>
<td>≥ 18</td>
<td>male</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Dental problems</th>
<th>Child has dental caries or other problems related to dental health (e.g., bruxism, malocclusion, gum hypertrophy).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic medication</td>
<td>Child is taking medications (e.g., anticonvulsant, stimulant, antibiotic) on an ongoing basis.</td>
</tr>
<tr>
<td>Supplements</td>
<td>Child is consuming supplements like vitamins and/or minerals (prescribed by a physician or not) or home remedies.</td>
</tr>
<tr>
<td>Low-income family/food insecurity</td>
<td>Child’s family has insufficient resources to meet basic needs and may be eligible for additional services, including supplemental food programs. Parent/caregiver reports difficulty providing enough food for the family, or specifically for the child with special needs.</td>
</tr>
<tr>
<td>Parental concerns</td>
<td>Child’s parent/caregiver has concerns or questions related to nutrition.</td>
</tr>
</tbody>
</table>
A completed nutrition screening form should be reviewed by a care coordinator, health professional, or teacher trained to determine the level of nutrition risk. Any questions marked with a “yes” answer should be verified with the person completing the form, based on the definitions listed on the previous two pages. For example, underweight status should be checked by plotting the weight for age (either reported or obtained by weighing) and weight for height on the appropriate charts, then comparing this with the definition of underweight (less than the 5th percentile weight for height or child has recently lost any weight) to determine if the child is underweight.

To assist in determining which children are at low and high risk for nutrition concerns, the scores assigned below are based on the severity of the nutrition risk factors. Using the chart below, add the scores corresponding to the problems identified to obtain a total score. On the Nutrition Screening Form, scores are printed in parentheses to the right of each corresponding answer. There is a space to record the total score under “Action Taken” on the second page of the Nutrition Screening Form.

<table>
<thead>
<tr>
<th>‘Yes’ answer to the following:</th>
<th>Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Child has a feeding tube</td>
<td>5</td>
</tr>
<tr>
<td>♦ Child has feeding difficulties</td>
<td></td>
</tr>
<tr>
<td>♦ Child is underweight (verify with a measurement)</td>
<td>4</td>
</tr>
<tr>
<td>♦ Child is on a special diet</td>
<td></td>
</tr>
<tr>
<td>♦ Child is overweight (verify with a measurement)</td>
<td></td>
</tr>
<tr>
<td>♦ Child regularly has diarrhea</td>
<td></td>
</tr>
<tr>
<td>♦ Child vomits regularly</td>
<td>3</td>
</tr>
<tr>
<td>♦ Child eats too much or too little</td>
<td></td>
</tr>
<tr>
<td>♦ Caregiver has difficulty providing food</td>
<td></td>
</tr>
<tr>
<td>♦ Child is short (verify with a measurement)</td>
<td></td>
</tr>
<tr>
<td>♦ Child was born prematurely or with low birth weight</td>
<td></td>
</tr>
<tr>
<td>♦ Child is allergic/intolerant to foods</td>
<td>2</td>
</tr>
<tr>
<td>♦ Child is constipated regularly</td>
<td></td>
</tr>
<tr>
<td>♦ Child has anemia in last six months</td>
<td></td>
</tr>
<tr>
<td>♦ Child has difficulty crawling/walking</td>
<td></td>
</tr>
<tr>
<td>♦ Child is taking medications on an ongoing basis</td>
<td></td>
</tr>
<tr>
<td>♦ Child has dental problems</td>
<td></td>
</tr>
<tr>
<td>♦ Child is taking vitamin/mineral supplements or home remedies</td>
<td>1</td>
</tr>
<tr>
<td>♦ Caregiver has other nutrition concerns</td>
<td></td>
</tr>
</tbody>
</table>
The table at left shows the criteria for determining no, low, or high nutrition risk. Steps to take for each level of risk are outlined below.

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Nutrition Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Risk</td>
</tr>
<tr>
<td>1 to 4</td>
<td>Low Risk</td>
</tr>
<tr>
<td>5 or more</td>
<td>High Risk</td>
</tr>
</tbody>
</table>

**No Risk: Screening Score = 0**

When no nutrition risk factors are identified, the reviewer files the screening form with the child’s educational/medical records. The child is re-screened at least annually, when health status changes (e.g., before/after surgery or major illness), or when the child transitions to a new program.

**Low Risk: Screening Score = 1 to 4**

When a low level of nutrition risk is identified (total screening score is between one and four points), the reviewer:

- Asks the questions under *Assess Further* in the *Strategies* sections of this manual pertaining to each concern identified.
- Gives the parent/caregiver appropriate suggestions and any education materials.
- Files the screening form, along with a notation of what was done (under *Action Taken*) with the child’s educational/medical records.

The child is re-screened at least annually, when health status changes (e.g., before/after surgery or major illness), or when the child transitions to a new program.

**High Risk: Screening Score = 5 or More**

When a high level of nutrition risk is identified, which requires a nutrition referral (total screening score is five points or more), the reviewer:

- Discusses the concerns with the parent/caregiver, asking questions from the *Strategies* sections in the area(s) of concern. Provides information and/or suggestions and education materials (such as *Choose What You Can Use* materials).
- Discusses the need for referral for further assessment and nutrition services (if the child is not currently seeing a nutritionist or dietitian) with the parent/caregiver and obtains consent if required.
Identifies the appropriate place for referral: a health professional/agency (see the Resources section) and/or the child’s physician (regular medical care provider or case manager), depending on the program’s referral policy. Each program conducting screening should develop its own list of local professionals and referral procedures.

Generates a referral letter (sample provided in this section) and makes two copies of it plus the screening form. Gives one set of copies to the parent/caregiver and sends the letter and a copy of the screening form to the appropriate health professional/agency identified for referral.

Documents what was done (on the bottom of the screening form and/or on separate paper) and files it (with a copy of the referral letter) with the child’s educational/medical records.

Plans for follow-up to ensure that the child saw the health professional to which he or she was referred and that the health problem is being addressed or is resolved.

The child is re-screened at least annually, when health status changes (e.g., before/after surgery or major illness), or when the child transitions to a new program.
# Guidelines for Weighing & Measuring Children

## Weighing
- Make sure the scale reads zero with no weight on it.
- Remove the child’s shoes and all but minimal indoor clothing (remove diapers).
- When reading the weight on the scale, check to see that the child is not moving and that the scale is in balance.
- Confirm the weight (two readings agree within 4 ounces or 100 grams) before recording.
- Record the weight.

### If child is less than 2 years of age or cannot stand:
- Have an assistant help position the child on the length board.
- Place the child lying on his/her back.
- Correctly position the child so that:
  - the body is in line with the tape or yardstick.
  - the crown of the head is firmly touching the headboard.
  - the child’s line of sight is at a right angle to the body.
  - the knees are pushed down and the body is fully extended.
- When all the above are in position, the footboard is pushed against the bottom of the feet.
- Confirm the measurement (two readings agree within ½ inch or 1 cm) before recording.
- Record the measurement.

### If child is more than 2 years of age and can stand:
- Have an assistant help position the child.
- Stand the child with his/her back to the measuring surface.
- Correctly position the child so that:
  - the shoulder blades, buttocks, and heels are touching the wall or measuring surface.
  - the child’s line of sight is at a right angle to the body.
  - the legs are straight and knees together.
  - the shoulders are relaxed and arms at sides.
  - the heels are flat on the floor and the knees are straight (locked).
- Lower the headboard until it is firmly touching the crown of the head.
- Confirm the measurement (two readings agree within ½ inch or 1 cm) before recording.
- Record the measurement.
Precise, reproducible measurements require correct equipment which is maintained and regularly checked for proper functioning and accuracy. Equipment used to obtain length/height and weight measurements for CHDP exams must, at a minimum, meet the criteria listed in this guide. If your equipment does not meet these specifications, contact your local CHDP Program for equipment approval. If you need to purchase equipment, your local CHDP Program can provide you with a partial list of equipment vendors in your area. (Instructions for taking accurate measurements can be found in the CHDP publication "Nutritional Screening of Children: A Manual for Screening and Followup").

Minimum Criteria for Equipment Measuring Stature

Equipment for measuring length or height should be constructed of durable, easy to clean materials with no sharp edges or unfinished parts. Digital or electronic measuring devices should have lock in length/height features and low battery indicators or automatic shutoff. In addition to this general criteria, specific criteria must be met for recumbent and standing measuring equipment.

A. Equipment for Measuring Length - Recumbent
1. Measuring tape
   a. Attached to a firm, flat, horizontal surface
   b. Flat, no rounded tape
   c. Clearly marked to one-eighth inch (1/8") or less
   d. Made of non-stretchable material
2. Headboard
   a. Rigid and attached to horizontal surface
   b. Perpendicularly mounted (always at right angle (90°) to the measurement surface)
   c. Minimum 6 inches wide
3. Footboard
   a. Movable and non-flexible
   b. Perpendicularly mounted (always at right angle (90°) to the measurement surface)
   c. Minimum 6 inches wide

B. Equipment for Measuring Height - Standing
1. Measuring tape
   a. Attached to a firm, flat, vertical surface (entire tape mounted on a board or attached to a wall without floor molding)
   b. Flat, no rounded tape
   c. Clearly marked to one-eighth inch (1/8") or less
   d. Made of non-stretchable material
2. Headboard
   a. Movable and attached to vertical surface
   b. Perpendicularly mounted (always at right angle (90°) to the measurement surface)
   c. Minimum 2 inches wide

C. Maintenance of Measuring Equipment
1. Clean regularly
2. Replace movable parts that are worn or loose
3. Check the alignment of the headboard and footboard

* Some children 18 months to 2 years may be exceptions
** Some children 18 months to 3 years may be exceptions
Minimum Criteria! for Weighing Equipment  
Equipment for measuring weight should be constructed of durable, easy to clean materials with no sharp edges or unfinished parts. Beam balance scales with non-detachable weights, preferably without built-in measuring rods, are recommended for routine clinic use. A good quality electronic scale may be satisfactory. Spring balance scales, such as bathroom scales, are not recommended as over time the spring counterbalance mechanism loses its accuracy.

A scale must have an adjustment mechanism so it can be balanced at zero with a provision for immobilizing the zeroing weight, a screw type is preferred. Digital or electronic scales should have automatic-zero, automatic-tare and lock in weight features. In addition to this general criteria, specific criteria must be met for recumbent and standing scales.

A. Equipment for Measuring Weight - Recumbent  
Table model scale for ages birth to 2 years*  
1. Adequate infant tray that is sturdy and easy to clean  
2. Scale marked in increments 1 ounce or less, accurate to this degree  
3. Capacity of at least 35 pounds

B. Equipment for Measuring Weight - Standing  
Floor model scale for ages 2 years and older**  
1. Adequate platform that is sturdy and easy to clean  
2. Scale marked in increments of 1/4 pound or less, accurate to this degree  
3. Capacity of at least 300 pounds

C. Maintenance of Weighing Equipment  
1. The zero balance should be checked before every clinic session, routinely in the clinic and after the scale has been moved.  
2. The accuracy should be checked routinely in clinic and professionally.  
   a. Routine clinic maintenance - All scales should be tested by weighing a number of weights on a regular basis. A set of certified calibrated (standard) weights are needed for this task. An adequate scale should be equally accurate with a 10 pound or a 60 pound load.  
   b. Professional Service - Scales should be calibrated by vendors, at least annually, through the full range of weight that the scale measures. A vendor selling and repairing scales will calibrate the scales and sell standard weights for routine office checks. Most vendors offer a service contract for regular annual / semi-annual scale checkups upon request. These vendors should be registered with the State Department of Weights and Measures.

* Some children 18 months to 2 years may be exceptions  
** Some children 18 months to 3 years may be exceptions
Growth Measurements

There are two ways to describe growth measurements:

1. **Numerical measurements**: weight (in pounds or kilograms); height (in inches or centimeters); and head circumference (in inches or centimeters).

2. **Plotted measurements (percentiles)**: weight for age; height for age; weight for height; Body Mass Index (BMI) for age, and head circumference for age.

Steps in Plotting and Assessing Growth Measurements

1. Use a pencil to plot growth measurements so errors can be corrected easily. If you are using the same growth chart for more than one child, cover the chart with a plastic sleeve to determine ("plot") the percentiles without making a permanent mark on the growth chart.

2. Plot measurements immediately after they are taken or reported. This will assist in verifying unusual values and effectively communicating with parents/caregivers.

3. Determine the child’s correct age.
   - For infants and toddlers (up to 3 years), calculate age to the nearest half month.
   - Correct for prematurity if applicable. Calculate corrected age of child born prematurely as follows: subtract the number of weeks that the infant was born premature from his or her chronological age. For example, an infant who was born 6 weeks premature (1½ months) and is currently 10 months old, would have a corrected age of 8½ months (10 months minus 1½ months). Plot both the corrected age and the chronological age on the growth chart for at least the first year. It may be useful to continue plotting the corrected age until the second or third birthday or as long as catch-up growth continues.
   - For children over age 3, round off to the nearest month.

4. Select a growth chart appropriate for the sex and age of the child. (NCHS Growth Charts) – either BOYS or GIRLS:
   - Birth to 36 months: Weight, Length, Head Circumference, Weight/Length
   - 2 to 20 years: Weight, Stature (Height), Weight/Stature, Body Mass Index
5. Plot growth measurements on the chart.

- Locate the child’s age on the horizontal axis of the chart. Locate the weight scale on the vertical axis (pounds or kilograms). At the point on the chart where a line straight up from the age intersects a line straight across from the weight, make a small dot or an ‘X’.

- Determine the percentile by comparing where the dot is with the percentile curves (5th through 95th percentile). Do this for weight, length or height, and head circumference (for children under age 3).

- For children under age 10 (or less than 145 cm), plot weight for height, by finding the point where the child’s weight measurement (vertical axis) and length or height measurement (horizontal axis) intersect. Age is not utilized in determining the weight/height percentile.

- For children age 2 to 20, determine Body Mass Index using the following formulas, then find the BMI percentile for age on the chart:

  Metric formula: weight in kg divided by height in meters divided by height in meters = BMI

  English formula: weight in pounds divided by height in inches divided by height in inches multiplied by 703 = BMI

- The percentile for each plotted measurement is usually expressed as the closest percentile line to the dot (e.g., 10th percentile if the dot is on the 10th percentile line) or as a range (e.g., 10th to 25th percentile if the dot is between the 10th and 25th percentile lines). Record the percentile on the nutrition screening form (under “For Office Use Only”), or in the child’s medical/educational records.

6. Compare these plotted measurements with growth data from earlier records to assess growth rate. A normal rate of growth follows the same pattern as the lines in the chart.

7. See the definitions below of overweight, at risk for overweight, underweight, and short stature to determine if the child’s current measurements and/or growth rate are a health concern.

<table>
<thead>
<tr>
<th>CONCERN</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>Child’s weight for height or BMI for age is &gt;95th percentile on NCHS growth charts</td>
</tr>
<tr>
<td>At Risk for</td>
<td>Child’s weight for height or BMI for age is between the 85th and 95th percentile, or child has recently gained weight at a faster than normal rate.</td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>Child’s weight for height is &lt; 5th percentile on NCHS growth charts, or child has recently lost any weight.</td>
</tr>
<tr>
<td>Short stature</td>
<td>Child’s height for age is &lt; 5th percentile on NCHS growth charts, or child’s growth rate is slowing.</td>
</tr>
</tbody>
</table>
Instructions for Foods My Child Eats
— Dietary Screening Tool

Purpose

The Foods My Child Eats Dietary Screening Tool is designed to help those conducting nutrition screening to gain more information about the foods a child eats or does not eat. Although this information is not essential in order to provide nutrition advice and generate referrals, it can aid in determining which children are at dietary risk. A nutrition counselor uses this information to tailor nutrition advice to the child’s specific situation.

Background

The Food Guide Pyramid shows five main groups of foods that people can eat to stay healthy (see the Pyramid in the Food Guidelines section). The goal for children and adults is to eat foods from each of the five main food groups every day. The number of recommended servings from each food group depends on the type of food as well as a person’s age, size and activity level.

Bread, cereal, rice and pasta comprise the food group from which the greatest amount of food should be eaten. These foods are found at the bottom of the Pyramid. They are the foundation of a healthy diet; that is, it is best to get most energy (calories) from foods in this group. Foods from all of the groups, except the top group, contain specific kinds and amounts of vitamins, minerals, protein and other nutrients. Eaten in the proportions recommended, foods from these groups provide adequate amounts of nutrients for most healthy people. The fats and sweets shown at the top of the Pyramid should be eaten less often and in small amounts, since they do not provide significant amounts of nutrients, except for energy (calories).
Instructions

♦ Ask the parent/caregiver to complete the Dietary Screening Tool, *Foods My Child Eats*.

- For each food group, circle foods the child eats.

- Indicate how often the child eats foods from each food group by checking one box at the side of each food group.

♦ Use this information when developing a plan according to the suggestions in the *Strategies* sections. Include a copy of this form when making a referral for nutrition counseling.
## Foods My Child Eats

In each group, circle the foods your child eats.

<table>
<thead>
<tr>
<th>Group</th>
<th>Foods</th>
<th>Put a check in the box that shows how often your child eats any of the foods circled.</th>
</tr>
</thead>
</table>
| **Breads, Cereals and Pastas**                                       | ![Bread, Cereal](image)                                               | □ Less than 3 times a day  
□ 3 to 4 times a day  
□ 5 or more times a day |
| **Orange and Dark Green Fruits and Vegetables**                      | ![Fruits and Vegetables](image)                                      | □ Less than 3 times a week  
□ 3 or more times a week |
| **Other Fruits and Vegetables**                                     | ![Fruits and Vegetables](image)                                      | □ Less than 2 times a day  
□ 2 or more times a day |
| **Milk, Yogurt and Cheese**                                          | ![Milk, Yogurt, Cheese](image)                                       | □ Less than 3 times a day  
□ 3 to 4 times a day  
□ 5 or more times a day |
| **Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts**                   | ![Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts](image)             | □ Less than 2 times a day  
□ 2 or more times a day |
| **Nutritional Supplements (Pediasure, Boost, Sustacal, Ensure or similar products)** | ![Nutritional Supplements](image)                                    | □ Never  
□ Not every day  
□ Every day |
| **Fats, Oils and Sweets**                                            | ![Fats, Oils and Sweets](image)                                      | □ 2 to 3 times a day  
□ 1 to 2 times a day  
□ 3 or more times a day |
### Comidas Mi Hijo/a Come

En cada grupo, círcule las comidas que su hijo/a come. Marque el cuadro que señale, con que frecuencia su hijo/a come las comidas que circuló.

<table>
<thead>
<tr>
<th>Grupo</th>
<th>Frecuencia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan, Cereales y Pastas</td>
<td>Menos de 3 veces al día</td>
</tr>
<tr>
<td></td>
<td>3 a 4 veces al día</td>
</tr>
<tr>
<td></td>
<td>5 o más veces al día</td>
</tr>
<tr>
<td>Frutas y Verduras de Color Naranja y Verde</td>
<td>Menos de 3 veces a la semana</td>
</tr>
<tr>
<td></td>
<td>3 o más veces a la semana</td>
</tr>
<tr>
<td>Otras Frutas y Verduras</td>
<td>Menos de 2 veces al día</td>
</tr>
<tr>
<td></td>
<td>2 o más veces al día</td>
</tr>
<tr>
<td>Leche, Yogurt y Queso</td>
<td>Menos de 3 veces al día</td>
</tr>
<tr>
<td></td>
<td>3 o 4 veces al día</td>
</tr>
<tr>
<td></td>
<td>5 o más veces al día</td>
</tr>
<tr>
<td>Carnes, Aves Caseras, Huevos, Pescado,</td>
<td>Menos de 2 veces al día</td>
</tr>
<tr>
<td>Frijoles, y Nueces</td>
<td>2 o más veces al día</td>
</tr>
<tr>
<td>Suplementos Nutricionales (Pediasure,</td>
<td>Nunca</td>
</tr>
<tr>
<td>Boost, Sustacal, Ensure o productos</td>
<td>No todos los días</td>
</tr>
<tr>
<td>similares)</td>
<td>Todos los días</td>
</tr>
<tr>
<td>Grasas, Aceites y Dulces</td>
<td>2 o 3 veces al día</td>
</tr>
<tr>
<td></td>
<td>1 o 2 veces al día</td>
</tr>
<tr>
<td></td>
<td>3 o más veces al día</td>
</tr>
</tbody>
</table>
Sample Referral Letter

Use this letter when nutrition screening indicates a high level of risk and you need to alert the child’s physician and request a referral to a nutritionist. This letter could also be used to refer a child to another agency, such as a Regional Center or Children with Special Health Care Needs program. A version of the letter suitable for reproducing on letterhead stationery is on the following page. Be sure to fill in the necessary information.

[Date]

[Physician or Agency name]
[Physician or Agency address]

RE: [Child’s name]
Date of birth: [child’s date of birth]
Parent/caregiver: [parent or caregiver’s name]

Dear [Physician or Agency name]:

As a result of nutrition screening, the child named above was found to be at increased risk for nutrition-related health problems. The child’s parent or caregiver and our staff identified the concerns checked below:

- appears overweight for height
- appears underweight for height
- appears short
- has an inadequate diet
- has feeding difficulty
- requires tube feeding
- is on a special diet
- has a food intolerance/allergy
- has chronic diarrhea
- has chronic constipation
- vomits/regurgitates regularly
- may be anemic
- has dental problems
- regularly uses medication

We believe it is important to follow up on these concerns and to consider the desirability of a nutrition evaluation in order to prevent more serious developmental problems. A copy of the nutrition screening tool with the identified concern(s) is included. We have provided the parent or caregiver with some written information that may assist them in dealing with the child’s nutrition risk.

Please let us know what follow up care is provided.

Sincerely,

cc: [Name(s) of parents or caregivers]
RE:

Date of birth:
Parent/caregiver:

Dear

As a result of nutrition screening, the child named above was found to be at increased risk for nutrition-related health problems. The child’s parent or caregiver and our staff identified the concerns checked below:

- ☐ appears overweight for height
- ☐ appears underweight for height
- ☐ appears short
- ☐ has an inadequate diet
- ☐ has feeding difficulty
- ☐ requires tube feeding
- ☐ is on a special diet
- ☐ has a food intolerance/allergy
- ☐ has chronic diarrhea
- ☐ has chronic constipation
- ☐ vomits/regurgitates regularly
- ☐ may be anemic
- ☐ has dental problems
- ☐ regularly uses medication

We believe it is important to follow up on these concerns and to consider the desirability of a nutrition evaluation in order to prevent more serious developmental problems. A copy of the nutrition screening tool with the identified concern(s) is included. We have provided the parent or caregiver with some written information that may assist them in dealing with the child’s nutrition risk.

Please let us know what follow up care is provided.

Sincerely,

cc:
The Link between Food and Health

Food choices depend on history, culture, and environment, as well as on energy and nutrient needs. Also, people eat for enjoyment. Family, friends and beliefs play a major role in the ways people select foods and how they plan and prepare meals.

Many genetic, environmental, behavioral, and cultural factors can affect health. Understanding family history of disease or risk factors — body weight or blood cholesterol, for example — can help people make more informed decisions about actions to improve health. Food choices are among the most pleasurable and effective of these actions.

Healthful eating habits help children grow, develop, and do their best in school. Smart food choices can also reduce the risk for chronic diseases, such as heart disease, certain cancers, diabetes, stroke, and osteoporosis, which are leading causes of death and disability among older Americans.

Helping Children Learn Good Feeding Skills

For children with special needs, eating well can be especially important to keep them healthy. Healthy eating can be challenging, though, because of the special needs of these children. Helping these children develop good feeding skills and obtain adequate nutrition is very important for their quality of life.

Feeding skills for most children progress from sucking through being spoon-fed soft foods, to chewing solid foods they feed themselves. This process depends on a number of factors, including natural reflexes, the development of oral, fine and gross motor skills, and the foods and environment in which the foods are presented.

Parents have no control over their children’s reflexes and can only try to positively influence motor skill development. But parents do have control over the environment in which foods are presented. In order for parents to help children learn good feeding skills, it is important to understand that each child develops at a different pace and children with special needs are no exception. Their rate of development may differ from other children at
the same chronological age. That is, a two-year-old with oral motor problems may not be ready for the same kinds of food as another two-year-old. Parents who understand a child’s developmental stage will be able to match the child’s food needs with their feeding skills.

**Changing Nutrition Needs**

Most nutritionists and pediatricians recommend starting solid foods between four and six months of age, when infants are showing signs of developmental readiness (e.g., good head control, reduced tongue thrusting) and are consuming up to 32 ounces of breastmilk or formula per day. Single grain infant cereal, single vegetable purees and single fruit purees (Stage 1) are usually the first foods introduced. These foods provide iron and vitamins A and C, which need to be given in foods at this age. Later, purees of beans, egg yolk, tofu, meat or poultry are introduced. These foods provide protein. As feeding skills develop and a baby progresses to eating table foods, more foods are introduced. This progressive approach is outlined in the tables *Nutrition and Feeding Skill Development — The First Year* and *Nutrition and Feeding Skill Development — Beyond the First Year* in this section of the manual. Sometimes children with special needs do not develop feeding skills at the same ages or rate as other children. However their nutrition needs continue to change as they get older. These children may need help from a nutritionist to get proper nutrition for their age from foods with a texture they can easily eat.

**How Much Is Enough?**

Often parents wonder how much their child should eat. It is important to follow the child’s cues as to how much food to offer at any given time, and not to force a child to eat. Children don’t always eat the same amount every day. It is normal for children to have some changes in appetite, depending on their health, activity level and current rate of growth. Some children grow in spurts, and may have an increased appetite for several weeks, then slow down. Medications and physical discomfort can also influence a child’s appetite. However, on average, a child should consume enough food to maintain a normal rate of weight gain (see table on the next page). Guidelines for how much food is enough are given in the *Daily Food Guide for Children 15 to 23 Pounds* and *Daily Food Guide for Children 24 to 44 Pounds (Inadequate Intake section)* and for older children in *Foods and Amounts for Children of Different Ages* (this section).
### Average *rate of weight gain for young children*

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate of weight gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 3 months</td>
<td>25 to 30 grams per day = 2 pounds per month</td>
</tr>
<tr>
<td>6 months (birth weight doubled)</td>
<td>15 grams per day = 1 pound per month</td>
</tr>
<tr>
<td>1 year (birth weight tripled)</td>
<td>10 grams per day = ¾ pound per month</td>
</tr>
<tr>
<td>2 to 9 years</td>
<td>5 to 6 grams per day = 5 pounds per year</td>
</tr>
</tbody>
</table>

*These data show average weight gain for children in the general population. A child with special needs may grow more slowly or more rapidly than this.*
Dietary Guidelines for Children

The following guidelines meet the nutrition needs of most babies and children. They may need to be modified when a child is overweight or underweight or has special needs.

Dietary Guidelines for Children under Age 2 Years

Babies grow and develop very rapidly in the first two years of life. They need a diet that supplies energy and nutrients to promote this rapid growth. Thus, the dietary guidelines for babies are different than guidelines for older children and adults.

Build to a variety of foods.

♦ Breastmilk or iron-fortified infant formula is all a baby needs for the first few months of life (until the baby weighs about 15 pounds).

♦ Most babies are ready to start infant cereals at 4 to 6 months.

♦ New foods should be added one at a time to be sure that a baby is not allergic to the new food. Wait 3 to 5 days before trying another new food.

Pay attention to a baby’s appetite to avoid over-feeding or under-feeding.

♦ Feed a baby when he/she is hungry.

♦ Watch for signs from a baby (turning head away from food) that tell you of fullness.

♦ Do not force a baby to finish food or formula.

♦ Most babies eat when they are hungry. They will not overeat or undereat during the first year of life unless they are pressured to do so.

♦ Children grow faster in the first year than at any other time. Birth weight should triple and length double in the first year.

Babies need fat.

♦ Babies need to eat foods that contain fat to meet energy needs and to grow and develop normally. Fat also helps the brain and nerves develop.
♦ Breastmilk contains 50 percent of its calories from fat and contains cholesterol. Infant formulas attempt to imitate breastmilk.

♦ Breastmilk or iron-fortified formula should be given until 12 months. (Cow’s milk is not recommended for infants less than 12 months of age.)

♦ When breastmilk or formula is discontinued, whole milk should be given until age two years.

♦ Meats, egg yolks and tofu are good sources of fat calories and nutrients beginning at 6 to 8 months.

**Choose grains, vegetables and fruits, but avoid high-fiber foods.**

♦ The natural amounts of fiber and nutrients in grains, vegetables, and fruits are what babies need beginning at 5 to 7 months of age as part of a healthy diet.

♦ High-fiber diets, while good for adults, do not give babies enough calories and other nutrients to grow well.

**Babies need sugars in moderation.**

♦ Sugars in small amounts provide energy and make some foods taste better.

♦ Foods such as breastmilk, fruits and juices are natural sources of sugars and other nutrients.

♦ Sucrose (table sugar) has not been shown to cause hyperactivity, diabetes, obesity, or heart disease. In large quantities, though, it can cause tooth decay and keep children from eating more nutritious foods.

♦ Artificial sweeteners such as saccharin or Nutrasweet™ (Equal™) are not good foods and should be avoided for babies and young children.
Babies need sodium in moderation.

- Sodium is found naturally in most foods, but in the highest amount in table salt.
- As part of a healthy diet, babies need sodium for their bodies to work properly.
- Too much sodium can lead to high blood pressure in adults. To prevent this in a baby’s future, offer foods made with little or no added salt.

Choose foods with iron, zinc and calcium.

- Babies are born with a supply of iron that lasts up to 4 to 6 months after birth. After that, iron must be supplied in the diet. Feed a baby breastmilk or iron-fortified formula until 12 months. Start iron-fortified baby cereals at 4 to 6 months.
- Babies also need good sources of zinc and calcium for best growth in the first two years. Meats and beans are good sources of zinc. Milk and cheese are good sources of calcium. These minerals are important for healthy blood, proper growth and strong bones.

Dietary Guidelines for Adults and Children over Age 2 Years

The U.S. Dietary Guidelines for Americans are designed for adults and children over age two years to reduce the risk of obesity, cancer, and heart disease.

- Eat a variety of foods.
- Balance the food you eat with physical activity — maintain or improve your weight.
- Choose a diet with plenty of grain products, vegetables, and fruits.
- Choose a diet low in fat, saturated fat, and cholesterol.
- Choose a diet moderate in sugars.
- Choose a diet moderate in salt and sodium.
- If you drink alcoholic beverages, do so in moderation.
The Food Guide Pyramid is your guide to making choices for healthy eating.

♦ The Food Guide Pyramid is for Americans 2 years of age and older. Infants and children under age 2 years have special needs because of their rapid growth and development. Follow the advice of a health care provider in feeding them.

♦ Serve young children the same variety of foods as everyone else, but in smaller amounts to suit their smaller needs — about 2/3 of the adult serving size. Offer them the lower number of recommended servings in each group.

♦ Young children often eat only a small amount at one time. Offer them nutritious snacks between meals so that they get the total daily servings in each food group.

♦ Calorie needs vary for school-aged children. They should eat at least the lower number of servings from each food group daily.

♦ Most school-aged children will need more calories for growth and activity than when they were younger. They should eat larger portions and some nutritious snacks.

SOURCE: U.S. Department of Agriculture/U.S. Department of Health and Human Services
La Pirámide de Alimentos es su guía para hacer decisiones para comer saludable.

♦ La pirámide de alimentos es para personas mayores de 2 años de edad. Infantes y niños menores de 2 años de edad tienen necesidades especiales de comida, por el crecimiento y desarrollo rápido.

♦ Sirva a los niños la misma variedad de comida, que a las demás personas, pero en cantidades pequeñas para concordar con sus necesidades pequeñas — alrededor de 2/3 de los porciones que uno dará a un adulto. Ofrezcales la porción más pequeña que se recomienda en cada grupo.

♦ Los niños usualmente comen pequeñas cantidades a la vez. Ofrezcales bocadillos nutritivos entre comidas, para que coman el total de porciones que necesitan de cada grupo.

♦ Las necesidades de calorías varían para cada niño de edad escolar. Al menos deberán de comer la porción más pequeña de cada grupo de comida, todos los días.

♦ La mayoría de niños de edad escolar necesitan más calorías para sus actividades y crecimiento, a comparación a cuando eran más pequeños. Ellos deberán comer porciones más grandes y algunos bocadillos nutritivos.

SOURCE: U.S. Department of Agriculture/U.S. Department of Health and Human Services
## Nutrition & Feeding Skill Development — the First Year

<table>
<thead>
<tr>
<th>AGE</th>
<th>BODY WEIGHT</th>
<th>REFLEXES</th>
<th>FEEDING SKILLS</th>
<th>NUTRIENTS</th>
<th>SUGGESTED FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature (32 to 40 weeks gestational age)</td>
<td>4 to 7 pounds</td>
<td>Rooting and suck-swallow reflexes develop after 32 weeks gestational age.</td>
<td>Requires total support in feeding position. After 34 weeks gestational age, suck-swallow is coordinated.</td>
<td>Protein, vitamin A, calories per unit of body weight.</td>
<td>Liquids only: premature infant formulas, breastfeeding with fortifiers</td>
</tr>
<tr>
<td>1 to 4 months</td>
<td>6 to 15 pounds</td>
<td>Rooting, suck-swallow, tongue-thrusting and gag reflexes are present at birth. Grasp reflex develops.</td>
<td>Feeds while being held semi-reclining with head and trunk support. Poor head control. Secures milk with sucking pattern, tongue projected during swallowing.</td>
<td>None beyond milk feeding and supplements, if prescribed (fluoride).</td>
<td>Liquids only: breastfeeding formula.</td>
</tr>
<tr>
<td>4 to 6 months</td>
<td>12 to 17 pounds</td>
<td>Rooting and suck-swallow reflexes fade. Bite reflex develops between 3 to 5 months. Munching pattern begins.</td>
<td>Still fed in semi-reclining position. Head control is present but trunk requires support. Changes from suckling to a mature suck with increased strength. Uses whole hand to grasp objects (palmar grasp). Brings objects to mouth.</td>
<td>Iron.</td>
<td>Liquids and smooth purees: iron fortified infant cereals (rice, oat or barley) mixed with breastfeeding or iron-fortified formula.</td>
</tr>
<tr>
<td>6 to 8 months</td>
<td>13 to 20 pounds</td>
<td>Gag reflex is less strong as chewing of solids begins and normal gag is developing.</td>
<td>Sits in high chair, trunk control present. Voluntary grasp and release. Uses thumb and finger to pick up objects (pincer grasp). Finger feeding begins with small pieces of soft foods.</td>
<td>Vitamins A and C and more variety in the diet.</td>
<td>Liquids and thin purees: scraped and strained fruits, strained vegetables, fruit juices, breastfeeding or iron-fortified formula.</td>
</tr>
</tbody>
</table>

Continued on next page
<table>
<thead>
<tr>
<th>AGE</th>
<th>BODY WEIGHT</th>
<th>REFLEXES</th>
<th>FEEDING SKILLS</th>
<th>NUTRIENTS</th>
<th>SUGGESTED FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 to 10 months</td>
<td>15 to 22 pounds</td>
<td>Bite reflex fades. Normal gag reflex is</td>
<td>Can hold own bottle (baby should still be held while bottle feeding). Can take sips from a cup that is held. Finger feeds with a teething biscuit. Minimal drooling.</td>
<td>Protein and carbohydrate.</td>
<td>Liquids (breastmilk or infant formula, juices). Thickened purees or soft mashed foods and ground foods progressing to chopped table foods: mashed potatoes, well-cooked mashed vegetables, rice, noodles; soft diced fruits, cooked cereal, applesauce, yogurt, ground fruits and vegetables, ground non-stringy meat (moist or mixed with gravy).</td>
</tr>
<tr>
<td>10 to 12 months</td>
<td>17 to 24 pounds</td>
<td>Rotary chewing begins (diagonal movement of jaw as food is moved to side or center of mouth).</td>
<td>Drinks from cup that is held. Can begin weaning from a bottle. Bites nipples, spoons, and crunchy foods. Lateral tongue movements to move food to chewing surfaces. Grasps bottle and foods and brings them to mouth. Finger feeds with a refined pincer grasp. Reaches for a spoon.</td>
<td>Protein and minerals.</td>
<td>Table foods: chopped meats and casseroles, cut-up cooked vegetables and fruits, grilled cheese sandwich, French-fried potatoes, mashed cooked beans, rice, noodles, crackers, breads, breastmilk or formula through 12 months of age.</td>
</tr>
</tbody>
</table>
## Nutrition & Feeding Skill Development—Beyond the First Year

<table>
<thead>
<tr>
<th>AGE</th>
<th>BODY WEIGHT</th>
<th>FEEDING SKILLS</th>
<th>FOOD PROGRESSION</th>
<th>SELECTED FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>...for most children this age</td>
<td>...for most children this age</td>
<td>...based on oral, fine, and gross motor development</td>
<td>...to give children more variety as they grow</td>
<td>...to help children master feeding skills</td>
</tr>
<tr>
<td>15 months</td>
<td>19 to 26 pounds</td>
<td>Drinks from cup well with one or two hands. Licks lower lip with tongue. Can spit food. Begins using a spoon. Demands to help feed self, feeds self as much as possible.</td>
<td>Switch from infant formula to whole milk between 12 and 15 months. 100% fruit juice.</td>
<td>Water, milk, juice in a cup. Finger foods: toast, soft meat sticks, banana slices, dry cereal, sliced cheese, cottage cheese, soft cut-up fruit, crackers, fish sticks.</td>
</tr>
<tr>
<td>18 months</td>
<td>20 to 28 pounds</td>
<td>Sits at child size table and chair. Uses spoon, fills poorly, spills, turns spoon at mouth. Lips close during chewing. Verbalizes “eat, all gone, no more.”</td>
<td>Children may become more “selective”. Continue to offer new foods frequently, encourage children to try them.</td>
<td>Foods that stick to a spoon: yogurt, applesauce, mashed potatoes, cooked cereal, cottage cheese, puddings, macaroni and cheese.</td>
</tr>
<tr>
<td>2 years</td>
<td>24 to 31 pounds</td>
<td>No dribbling while drinking from cup. Bites, chews and grinds food. Able to swallow mixed textures. Fills spoon, no turning, no spilling, overhand grasp. Starts to use fork.</td>
<td>May switch to reduced fat milk (not fat-free). Milk should be providing less than half of nutrients in a child’s diet.</td>
<td>Soft foods to prick with a fork. Soups and stews with noodles, pieces of vegetables and meats.</td>
</tr>
<tr>
<td>3 years</td>
<td>26 to 35 pounds</td>
<td>Combines finger feeding and eating with spoon and fork. Can drink with straw.</td>
<td></td>
<td>Raisins, hot dogs, peanut butter and other foods that are no longer choking hazards can be given as tolerated.</td>
</tr>
<tr>
<td>4 years</td>
<td>30 to 44 pounds</td>
<td>Feeds self well, spills little. Pours from pitcher. Serves self.</td>
<td>Amount of food per serving will increase.</td>
<td>Raw vegetables and fruits with dip, nuts.</td>
</tr>
<tr>
<td>5 years</td>
<td>35 to 50 pounds</td>
<td>Cuts with knife. Is an independent feeder.</td>
<td></td>
<td>Soft foods for cutting (bananas, pancakes) and spreading (peanut butter, ricotta cheese, fruit spread).</td>
</tr>
<tr>
<td>6 years</td>
<td>40 to 58 pounds</td>
<td>Can set the table.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Foods & Amounts for Children of Different Ages

<table>
<thead>
<tr>
<th>FOOD GROUPS</th>
<th>RECOMMENDED NUMBER OF SERVINGS AND SERVING SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHILD 1-3</td>
</tr>
<tr>
<td>Bread, Cereal, Rice, Pasta Group (Whole Grain or Enriched)</td>
<td>6 Servings</td>
</tr>
<tr>
<td>Bread</td>
<td>½ slice</td>
</tr>
<tr>
<td>Cooked cereal, rice, pasta</td>
<td>1/4-1/3 cup</td>
</tr>
<tr>
<td>Ready-to-eat</td>
<td>1/4-½ cup</td>
</tr>
<tr>
<td>*Vegetable Group</td>
<td>3 Servings</td>
</tr>
<tr>
<td>Chopped raw</td>
<td>¼ cup</td>
</tr>
<tr>
<td>Leafy raw</td>
<td>1 cup</td>
</tr>
<tr>
<td>Cooked or pureed</td>
<td>¼ cup</td>
</tr>
<tr>
<td>*Fruit Group</td>
<td>2 Servings</td>
</tr>
<tr>
<td>Raw (e.g., apple, banana)</td>
<td>¼</td>
</tr>
<tr>
<td>Raw, pieces (e.g., berries)</td>
<td>½ cup</td>
</tr>
<tr>
<td>Cooked or pureed</td>
<td>¼ cup</td>
</tr>
<tr>
<td>Juice</td>
<td>3 ounces</td>
</tr>
<tr>
<td>Milk Group</td>
<td>3 Servings</td>
</tr>
<tr>
<td>Milk, yogurt, pudding, custard</td>
<td>4-6 ounces</td>
</tr>
<tr>
<td>Cheese</td>
<td>¾ ounce</td>
</tr>
<tr>
<td>Meat, Poultry, Fish Group</td>
<td>2-3 Servings</td>
</tr>
<tr>
<td>Meat, poultry or fish</td>
<td>1 ounce</td>
</tr>
<tr>
<td>Eggs</td>
<td>1</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>1 tablespoon</td>
</tr>
<tr>
<td>Dried beans, peas</td>
<td>1/3 cup</td>
</tr>
<tr>
<td>Fats, Oils, Sweets</td>
<td>Calories from these sources should be limited, especially if excess weight gain is a concern.</td>
</tr>
</tbody>
</table>

* Source of Vitamin A and Vitamin C should be consumed daily. Excellent Vitamin A sources: Yellow fruits: apricots, cantaloupe, mango, papaya; Dark green leafy or yellow vegetables: broccoli, chard, escarole, collards, spinach, carrots, sweet potato. Excellent Vitamin C sources: Fruits: orange (or juice), grapefruit (or juice), melon, berries; Vegetables: broccoli, tomatoes, raw cabbage, potatoes, peppers.
Comidas y Porciones para los Niños de Edades Diferentes

<table>
<thead>
<tr>
<th>GRUPOS DE ALIMENTOS</th>
<th>NIÑO 1-3</th>
<th>PORCIONES RECOMENDADAS Y CANTIDADES</th>
<th>NIÑO 4-6</th>
<th>NIÑO 7-10</th>
<th>ADOLESCENTE 11-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grupo de Pan, Cereal, Arroz y Pasta (Enriquecido o de grano entero)</td>
<td>6 Porciones</td>
<td>6-9 Porciones</td>
<td>6-9 Porciones</td>
<td>9-11 Porciones</td>
<td></td>
</tr>
<tr>
<td>Pan</td>
<td>½ rebanada</td>
<td>1 rebanada</td>
<td>1 rebanada</td>
<td>1 rebanada</td>
<td></td>
</tr>
<tr>
<td>Cereal cocido, arroz, pasta</td>
<td>¼-1/3 taza</td>
<td>½-3/4 taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td></td>
</tr>
<tr>
<td>Preparado, de caja</td>
<td>1/3-½ taza</td>
<td>½-3/4 taza</td>
<td>1 taza</td>
<td>1 taza</td>
<td></td>
</tr>
<tr>
<td>*Grupo de Vegetales</td>
<td>3 Porciones</td>
<td>3-5 Porciones</td>
<td>3-5 Porciones</td>
<td>4-5 Porciones</td>
<td></td>
</tr>
<tr>
<td>Crudos, en pedacitos</td>
<td>½ taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td></td>
</tr>
<tr>
<td>Crudos, en hojas</td>
<td>1 taza</td>
<td>1 taza</td>
<td>1 taza</td>
<td>1 taza</td>
<td></td>
</tr>
<tr>
<td>Cocidos o en puré</td>
<td>¼ taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td></td>
</tr>
<tr>
<td>*Grupo de Frutas</td>
<td>2 Porciones</td>
<td>2-4 Porciones</td>
<td>2-4 Porciones</td>
<td>3-4 Porciones</td>
<td></td>
</tr>
<tr>
<td>Frescas, (por ejemplo: manzana, plátano)</td>
<td>¼</td>
<td>½</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Frescas, piezas (por ejemplo: fresas)</td>
<td>½ taza</td>
<td>¾ taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td></td>
</tr>
<tr>
<td>Cocidas o en puré</td>
<td>¼ taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td>½ taza</td>
<td></td>
</tr>
<tr>
<td>Jugo</td>
<td>3 onzas</td>
<td>4 onzas</td>
<td>5 onzas</td>
<td>6 onzas</td>
<td></td>
</tr>
<tr>
<td>Grupo de Leche</td>
<td>3 Porciones</td>
<td>3 Porciones</td>
<td>3 Porciones</td>
<td>3 Porciones</td>
<td></td>
</tr>
<tr>
<td>Leche, yogurt, pudín, flan</td>
<td>4-6 onzas</td>
<td>6 onzas</td>
<td>8 onzas</td>
<td>8 onzas</td>
<td></td>
</tr>
<tr>
<td>Queso</td>
<td>⅔ onza</td>
<td>1 onza</td>
<td>1 ½ onzas</td>
<td>1 ½ onzas</td>
<td></td>
</tr>
<tr>
<td>Grupo de Carnes, Aves Caseras y Pescado</td>
<td>2-3 Porciones</td>
<td>2-3 Porciones</td>
<td>2-3 Porciones</td>
<td>3 Porciones</td>
<td></td>
</tr>
<tr>
<td>Carne, aves o pescado</td>
<td>1 onza</td>
<td>2 onzas</td>
<td>2 onzas</td>
<td>2-3 onzas</td>
<td></td>
</tr>
<tr>
<td>Huevo</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mantequilla de cacahuete</td>
<td>1 cucharada</td>
<td>2 cucharadas</td>
<td>3 cucharadas</td>
<td>4 cucharadas</td>
<td></td>
</tr>
<tr>
<td>Frijol (seco), chicharo</td>
<td>1/3 taza</td>
<td>½ taza</td>
<td>1 taza</td>
<td>1 taza</td>
<td></td>
</tr>
<tr>
<td>Grasas, Aceites, Dulces</td>
<td>Debe limitar las calorías de estas fuentes, especialmente si no quiere aumentar mucho peso.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Promoting Healthy Weight Control

Children gain excess body weight when the energy they take in (calories from food) is greater than the energy they expend (for physical activity, growth and basic body maintenance). While this may seem simple, the reasons it happens are numerous and often complex. To help children who are overweight tip the balance back toward a healthier weight, it helps to look at the factors in the balance between food intake and activity level.

Food Intake — Helping Children to Regulate Their Eating

The goal for children who are overweight is not to lose weight, but to control weight (not gain more) and let them “grow into” their own body size. One step toward this goal is to help a child learn to control how much she or he eats. Each child is born with the ability to regulate the amount of food she or he needs. For children with special needs, sometimes developmental disabilities and environmental factors can disrupt that inborn ability to self-regulate, leading to overeating.

Children learn about what and how much to eat from families, friends, advertising, and other sources. Children often become overweight because their environment does not support good eating habits. Perhaps people around them eat at all times of the day and in many places, and adults or older children frequently share food with the child. Or children are allowed to have as much milk as they want, even in a bottle. Maybe when children are thirsty they are given juice or soda instead of water. Or perhaps food is given as a reward for good behavior or to stop a child from crying. It could be that the foods given at these times are high in fat and sugar and low in nutrients. Children with some conditions, such as Down Syndrome or Prader-Willi Syndrome, expend energy at a lower rate and therefore these children are at risk for becoming overweight, despite a lower energy intake.

For children to self-regulate food intake, their environment needs to promote good eating habits. Regular meals (about three per day) and small snacks (usually two per day) are important. The amount and variety of food offered should be within the guidelines appropriate for the child’s age or weight. When children cry, it may not be that they are hungry. When did they last eat? Perhaps they are thirsty, bored, or need attention.
Offering a glass of water, a song, toy, game, conversation, or hug instead of food or drink might be just as effective.

**Activity Level — Helping Children to Be Active**

Even children who do not overeat can become overweight if they are not active enough. In recent years, American children have become less active for a variety of reasons. Concerns for safety mean that fewer children play outdoors. Television and video computer games are increasingly popular. Some of these activities may be educational, but few involve physical activity. Young children may be able to walk, but it is sometimes easier and faster for parents to carry them or use a stroller. Children with special needs may have physical limitations that restrict their movement, lowering their energy expenditure and limiting their ability to be active.

To increase their physical activity and promote a healthy weight, children need space in which to move. Indoor hallways cleared of clutter, clean and safe outdoor areas with freedom to move around, or sofa pillows and empty boxes for safe climbing indoors are good examples. Limit time spent watching television or computer or video games. Chances to walk instead of riding or being carried are very helpful.

Even children who cannot walk or who use a wheelchair can be more active. Crawling uses lots of energy. Rolling on the floor or waving arms and tapping feet to music is a good way to be active. Any kind of physical activity that is fun for children will help them use energy and enable them to approach healthy weight control.
STRATEGIES  
...for Children Who Are Overweight

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is child’s weight for height equal to or above the 90th or 95th percentile on the appropriate growth chart? If yes, identify possible contributors to overweight by asking the child’s parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and education materials such as:</td>
</tr>
<tr>
<td></td>
<td>♦ Choose What You Can Use: Ways to Help a Child Who Is Overweight – Food Issues</td>
</tr>
<tr>
<td></td>
<td>♦ Choose What You Can Use: Ways to Help a Child Who Is Overweight – Behavior Issues</td>
</tr>
<tr>
<td></td>
<td>♦ Your Growing Child (WIC brochure)</td>
</tr>
</tbody>
</table>

1. Is the child offered more than three meals and two snacks daily?  

<table>
<thead>
<tr>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If the answer is yes:</td>
</tr>
<tr>
<td>♦ Encourage the parent/caregiver to offer food only at regular meal and snack times.</td>
</tr>
<tr>
<td>♦ Suggest alternatives to eating when the child is bored or upset. Offer the educational material Choose What You Can Use: Ways to Help a Child Who Is Overweight - Behavior.</td>
</tr>
</tbody>
</table>

2. Are low-calorie, nutritious foods available at meals and snacks?  

<table>
<thead>
<tr>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. If the answer is no:</td>
</tr>
<tr>
<td>♦ Suggest lower-calorie foods that can substitute for high-calorie foods the child eats frequently.</td>
</tr>
</tbody>
</table>

3. How much milk or formula is the child drinking each day?  

<table>
<thead>
<tr>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. If the child is drinking more than the recommended amount, suggest that the parent/caregiver:</td>
</tr>
<tr>
<td>♦ Reduce amounts offered to the recommended levels.</td>
</tr>
<tr>
<td>♦ Offer lowfat or nonfat milk in place of whole milk if the child is over two years of age.</td>
</tr>
<tr>
<td>♦ Give water when the child is thirsty.</td>
</tr>
<tr>
<td>♦ Substitute activities (cuddling, reading books) for the comforting experience of drinking milk from a bottle.</td>
</tr>
</tbody>
</table>

Continued on next page
<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. When the child cries or demands attention, is food given to comfort or quiet the child?</td>
<td>4. If the answer is yes, suggest that the parent/caregiver:  ♦ Find out why the child is crying.  ♦ Offer comfort and positive attention using items or activities rather than food.  ♦ Think about when the child ate last and decide if it is time for a meal or a snack.</td>
</tr>
<tr>
<td>5. Is the child able to move independently (crawl, walk, run, climb)?</td>
<td>5. If the answer is no:  ♦ Review the child’s medical diagnosis on the nutrition screening form.  ♦ Encourage the parent/caregiver to help the child move in whatever way possible and enjoyable.  ♦ Refer the child to a physical therapist as appropriate.</td>
</tr>
</tbody>
</table>
Ways to Help a Child Who Is Overweight — Food Issues

The goal for children who are overweight is not to help them lose weight, but to help them control weight (not gain more) until they “grow into” their own body size. Here are some ways you can help your child eat better and not gain too much weight. Choose the ways that work best for you.

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>FOODS TO BUY</th>
<th>HOW TO PREPARE FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains, breads</td>
<td>• Whole wheat breads, rolls, bagels and crackers</td>
<td>• Serve cereal with lowfat or nonfat milk.</td>
</tr>
<tr>
<td>and cereals</td>
<td>• Unsweetened whole grain cereal</td>
<td>• Heat tortillas over a flame instead of frying.</td>
</tr>
<tr>
<td></td>
<td>• Rice, plain popcorn</td>
<td>• Cook rice for Sopa de Arroz with just enough oil to keep the rice from sticking to the pan.</td>
</tr>
<tr>
<td></td>
<td>• Pasta, noodles</td>
<td></td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>• Fresh fruits, vegetables</td>
<td>• Steam, boil, or bake vegetables.</td>
</tr>
<tr>
<td></td>
<td>• Fruits canned in juice or light syrup (not heavy syrup)</td>
<td>• Mix juice with extra water to reduce the calories.</td>
</tr>
<tr>
<td>Grains, breads</td>
<td>• Lowfat or nonfat (skim) milk and plain yogurt, part-skim cheeses</td>
<td>• Add pieces of fresh or canned fruit to plain lowfat yogurt.</td>
</tr>
<tr>
<td>and cereals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

continued on back
<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>FOODS TO BUY</th>
<th>HOW TO PREPARE FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat, beans and nuts</td>
<td>- Dried beans, lentils</td>
<td>- Broil, bake, or roast meats, poultry and fish, instead of frying.</td>
</tr>
<tr>
<td></td>
<td>- Chicken, turkey</td>
<td>- Before cooking, take the skin off poultry and cut the fat off edges of meat.</td>
</tr>
<tr>
<td></td>
<td>- Fish</td>
<td>- To brown meat, use a little oil spray or water in the pan, instead of oil or butter.</td>
</tr>
<tr>
<td></td>
<td>- Eggs</td>
<td>- Cool soup in the refrigerator. Discard the fat that rises to the top before reheating and serving.</td>
</tr>
<tr>
<td></td>
<td>- Tofu</td>
<td>- Prepare eggs by boiling in the shell or poaching in water or chile sauce.</td>
</tr>
<tr>
<td></td>
<td>- Lean ground beef (10 to 15% fat)</td>
<td>- Cook Frijoles de la Olla (oven-baked beans) instead of using oil or lard to make refried beans. Season them with onions, garlic, salsa and spices.</td>
</tr>
<tr>
<td></td>
<td>- Other lean meat cuts (loin, round, flank)</td>
<td></td>
</tr>
<tr>
<td>Fats, oils and sweets</td>
<td>- Reduced-calorie mayonnaise and salad dressings</td>
<td>- Use fewer fatty foods: butter, margarine, oil, fried foods, salad dressing, cream sauce, gravy.</td>
</tr>
<tr>
<td></td>
<td>- Limit cakes, cookies, candy</td>
<td>- Add more flavor to food with spices, lime or lemon, and salsa.</td>
</tr>
</tbody>
</table>
La meta para un niño que está sobrepeso no es ayudarle a perder peso, sino ayudarle a controlar su peso (no aumentar más) hasta que “crezca” al tamaño de su cuerpo. Estos son algunos consejos para que Ud. pueda ayudarle a su niño para que coma más saludable y no aumente mucho de peso. Escoja los consejos que pueda usar.

<table>
<thead>
<tr>
<th>GRUPO DE ALIMENTOS</th>
<th>COMIDAS QUE COMprar</th>
<th>COMO PREPARAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Granos, panes y cereales</strong></td>
<td>Pan integral, panecillos, bagels, galletas de sal</td>
<td>Use leche sin grasa con los cereales.</td>
</tr>
<tr>
<td></td>
<td>Cereales de grano integro sin azucar</td>
<td>No freir las tortillas.</td>
</tr>
<tr>
<td></td>
<td>Arroz, palomitas (poporopo) natural (sin nada)</td>
<td>Cocine el arroz para la sopa con poco aceite. Use solamente suficiente para prevenir que se pegue el arroz.</td>
</tr>
<tr>
<td></td>
<td>Pastas</td>
<td></td>
</tr>
<tr>
<td><strong>Frutas y verduras</strong></td>
<td>Frutas y verduras frescas</td>
<td>Cocine las verduras a vapor o en el horno.</td>
</tr>
<tr>
<td></td>
<td>Frutas enlatadas en jugo o miel “light” (no “heavy syrup”)</td>
<td>Mezcle jugo con agua para menos calorías.</td>
</tr>
<tr>
<td><strong>Leche, yogurt y queso</strong></td>
<td>Leche baja en grasa o sin grasa</td>
<td>Agregue fruta fresca al yogurt.</td>
</tr>
<tr>
<td></td>
<td>Yogurt sin sabor y quesos hechos con leche descremada</td>
<td></td>
</tr>
</tbody>
</table>

*continuada en el reverso*
## GRUPO DE ALIMENTOS

### Carnes, frijoles y nueces
- Frijoles y lentejas
- Pollo y pavo
- Pescado
- Huevos
- Tofu
- Carne molida baja en grasa (10-15% grasa)
- Otros trozos de carne bajos en grasa (lomo, asada)

### Grasas, aceites y comidas dulces
- Mayonesa y aderezos para ensaladas bajos en calorías.
- Límite los pasteles, galletas y dulces.

## COMIDAS QUE COMPRAR

### Carnes, frijoles y nueces
- En vez de freír las carnes, es mejor hornear, asar o rostizar.
- Quite la piel al pollo/pavo y corte toda la grasa de las carnes.
- Para cocinar las carnes use “spray” de cocinar o agua en vez de grasa.
- Ponga las sopas en el refrigerador y quite la grasa que se acúmula arriba antes de servir.
- Cocine los huevos en salsa o en agua.
- Cocine los frijoles en agua (de la olla o sancochados) en vez de usar aceite o manteca. Sazónelos con cebolla, ajo y chiles.

## COMO PREPARAR

### Carnes, frijoles y nueces
- Use menos comidas grasosas: mantequilla, aceite, aderezos y cremas.
- Agregue más sabor a las comidas con especies, limón y salsas.
Ways to Help a Child Who Is Overweight — Behavior Issues

Eating less fatty food is only one way to help a child who is overweight. Another way is to help him/her be active, enjoy healthy foods, and form good eating habits. Choose the ways that work best for you.

Help your child to be as physically active as possible:

- Make activities fun!
- Let your child crawl or walk instead of carrying him/her.
- Take a walk, run or
- Ride a tricycle or play ball outdoors.
- Dance, jump and hop to music indoors.
- Make time for the family to be active together.
- Walk with your child instead of driving the car or taking the bus.
- Play games that help your child move.
- Limit the time your child watches TV or plays computer games to no more than 2 hours a day.

Help your child feel good about himself or herself:

- If your child is upset, find a way to comfort him or her with attention or affection. Do not give a bottle, food or drink right away.
- Offer non-food rewards for good behavior: smiles, hugs and kisses, a small toy, the chance to play a game, a family outing, or a special privilege.
- When others tease your child about his/her body size, talk with your child about how this feels. Assure your child that you love him or her no matter what his/her body weight is.

Teach your child healthy eating habits:

- Plan three meals and two snacks daily. Avoid eating at other times.
- Keep foods on hand that are healthy and tasty.
- Serve smaller portions, let your child ask for more if still hungry.
- Only give second helpings of lower calorie foods (such as fruits and vegetables).
- Limit drinks (milk or juice) to meal and snack times. Offer your child water (in a cup) to drink between meals and when thirsty.
- If you serve “desserts,” serve small amounts with a meal, and do not serve them every day.
- Do not use “desserts” as rewards for eating the rest of the meal.
- Keep food out of sight and out of reach.
- Do not use food as a reward or a punishment.
- Ask all family members to set a good example.
Maneras para Ayudar a un Niño con Sobrepeso — Asuntos de Comportamiento

Comer menos comidas grasosas es solamente una manera de ayudar a un niño con sobre peso. Animarlo a que sea más activo, a que disfrute comidas saludables y a que forme buenos hábitos alimenticios son otras maneras de ayudarlo. Escoja los consejos que pueda usar.

Ayude a su niño para que sea más activo físicamente:
- Haga las actividades más divertidas.
- Deje que su niño se arrastre (gatear) o que camine en vez de cargarlo.
  - Salgan a caminar, correr o trotar.
  - Monte un triciclo y juegue afuera con una pelota.
  - Baile, salte o brinque a los sonidos de música dentro de la casa.
  - Tome tiempo para planear actividades físicas para toda la familia.
  - Camine con su niño en vez de manejar un carro o subir al autobús.
  - Juegue juegos con actividad física.
  - Límite el tiempo en frente de la televisión o juegos de computadora. Solamente dos horas al día.

Ayude a su niño para que se sienta mejor de sí mismo:
- Si su niño está triste, trate de consolarlo con atención y afecto. No le de comidas, bebidas o biberón (pacha).
- Ofrezca recompensas o premios que no sean comidas. Por ejemplo: sonrisas, abrazos, besos, un jugete, la oportunidad de jugar un juego, una salida familiar o un privilegio especial.
- Cuando otros niños le hacen burla a su niño porque está gordo, hable con él sobre como se siente cuando otros niños le hacen burla. Asegure a su hijo que Ud. lo ama sin importarle cuanto pesa.

Enséñele buenos hábitos alimenticios:
- Ofrezca tres comidas y dos bocadillos todos los días. Evite comer a otras horas.
- Siempre tenga a su disposición comidas saludables y sabrosas.
- Sirva porciones pequeñas y deje que su niño pida más comida si todavía tiene hambre.
  - Dé segundas porciones de comidas bajas en calorías solamente (como frutas y verduras).
  - Solamente ofrezca bebidas (leche o jugo) a la hora de las comidas y bocadillos. Entre comidas y durante el día cuando tenga sed, ofrezca agua solamente.
  - Si sirve postres, sirva porciones pequeñas y no todos los días.
  - No ofrezca postres como premio por haberse comido otras comidas.
  - Guarde las comidas donde su niño no las pueda ver ni alcanzar.
  - No use las comidas como premio ni castigo.
  - Pida a todos los miembros de la familia que sean un buen ejemplo para su niño.
Promoting Healthy Weight Gain

A child with special needs may be underweight for a number of reasons. For example, children who find it physically difficult to swallow, chew, or get food to their mouths may not get enough food to meet their energy needs for growth and development. Children with heart defects often need extra calories to gain weight and maintain their weight before and after surgery. Children with heart and lung problems may have difficulty breathing, which increases their energy needs above that of other children. Children with cystic fibrosis may have lung congestion and breathing problems and are not able to digest foods very efficiently. Thus, they need to eat more to promote a normal rate of weight gain. Whatever the situation, here are some suggestions to help children eat enough to reach a healthy weight and maintain a normal growth rate.

Offer Frequent Meals and Snacks

Young children have smaller stomach capacity and need to eat more often than older children and adults. For this reason, they need regular meals (usually three meals per day) with snacks in between (two or three snacks per day). Children may not eat much food at any one meal, but if they eat some at every meal and snack they are more likely to get the food they need. It is best to plan for snacks so the child does not eat them “on the run.” When leaving home, bringing along appropriate snack foods will prevent the child from skipping a meal or snack. Space snack times throughout the day to allow a child to be hungry for the snack and hungry at the meal. Offer a variety of foods at each meal and at each snack.

Provide High-Calorie, Nutrient-Dense Foods

High-calorie, nutrient-dense foods are those that provide more energy (calories) and nutrients than other foods for the same serving size. For example, a green salad provides just a few calories and nutrients but requires a lot of chewing to eat it. A higher-calorie, more nutrient-dense choice is chopped, steamed broccoli with cheese sauce — more calories and nutrients in less volume. Children who need to gain weight need more of the high-calorie, nutrient-dense foods so they get the nutrition they need in a smaller amount of food.
Boost Calories and Protein

Calories are a measure of energy — the body uses calories from food for normal activities and growth. Calories come from fats, carbohydrates, and proteins found in food. Fat provides about two times more calories per tablespoon than protein or carbohydrates. For this reason, adding foods that contain some fat is one way to add calories for children who need to gain weight (and who are already getting enough nutrients), without offering too much food. Protein is not as high in calories as fat, but it is important for growth and healing. Foods high in protein also give children other important nutrients, like vitamins and minerals. It is best to offer nutrient-dense and/or high-calorie foods early in the meal when a child is the most hungry.
## STRATEGIES
...for Children Who Are Underweight

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child’s weight for height equal to or below the 5th percentile? Or has the child lost any weight or not been gaining weight recently? If yes, identify possible contributors to underweight by asking the child’s parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and the education materials in this section: ♦ Choose What You Can Use: Ways to Help a Child Who Is Underweight ♦ Choose High Calorie Food Choices for the Child Who Needs to Gain Weight ♦ Hiding Extra Calories booklet (back pocket)</td>
</tr>
</tbody>
</table>

### 1. Is the child offered three meals and two to three snacks daily?

1. **If the answer is no:**
   - Offer food and formula or milk at least five times a day. Children have small stomachs and need to eat more often than adults.
   - If the child is a slow eater, try foods that are easy to chew and swallow.
   - If the child does not finish all the food offered at a meal, offer smaller portions and then additional foods at a snack time.

### 2. Is the child willing to eat the amounts of food recommended for his or her weight?

2. **If the answer is no:**
   - Develop an eating plan that includes three meals and three snacks daily.
   - See Inadequate Intake section.

### 3. Is the child able to eat the amount of food recommended for his or her weight?

3. **If the answer is no:**
   - The child will need to eat higher calorie, more nutritious foods. Together with the parent/caregiver, select at least one higher calorie food to offer at each meal. Refer to education materials in this section for ideas.
   - Offer high calorie foods early in the meal when the child is the most hungry.
   - The child may need help with feeding. See the Feeding Skills section.

*Continued on next page*
<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Does the child have difficulty with feeding and swallowing?</td>
<td>4. If the answer to any question is yes:</td>
</tr>
<tr>
<td>♦ Does the child cough, choke, or gulp during eating or immediately after?</td>
<td>♦ Refer the child to his/her physician for a referral to a feeding therapist (OT,</td>
</tr>
<tr>
<td>♦ Does the child have difficulty swallowing?</td>
<td>PT) or a speech pathologist) or a feeding team for a feeding assessment.</td>
</tr>
<tr>
<td>♦ Does the child need to swallow repeatedly to clear food?</td>
<td>♦ Also, see the Feeding Skills section.</td>
</tr>
<tr>
<td>♦ Does food remain in the mouth after the child has swallowed?</td>
<td></td>
</tr>
<tr>
<td>♦ Does the child drool a lot?</td>
<td></td>
</tr>
<tr>
<td>♦ Does the child have difficulty gaining weight?</td>
<td></td>
</tr>
<tr>
<td>♦ Is it suspected that the child aspirates (breathes food into the lungs)?</td>
<td></td>
</tr>
<tr>
<td>♦ Does the child have a history of chronic lung difficulties including aspiration pneumonia (more than 3 to 4 times per year)?</td>
<td></td>
</tr>
</tbody>
</table>
Ways to Help a Child Who Is Underweight

You can help your child gain weight by “sneaking” extra calories and protein into your child’s favorite foods. Here are a few suggestions. Try the ones that will work best for you and your child.

- Use “higher calorie milk” (see recipe in box) or evaporated milk in recipes for pudding, gelatin, custard, cocoa, milk shakes, hot cereal, mashed potatoes, or cream soups.

- Add powdered milk to yogurt, gravies, mashed potatoes, hot cereal, or to recipes for muffins, cakes, and cookies.

- Add grated cheese to rice, vegetables, pasta, or eggs.

- Grind nuts finely and add them to hot cereal, vegetables, or ice cream.

- Add eggs to casseroles before baking, or add cooked eggs to mixed dishes.

- Spread peanut butter on toast or pancakes, or add it to muffin recipes. (Peanut butter can be a choking hazard for children under age three years.)

- Add small pieces of cooked meat, fish, chicken, turkey, tofu, or hard-cooked eggs to canned soup or salads.

- Add wheat germ to mashed or sliced bananas, hot or cold cereal, yogurt, ice cream, pancakes, pudding, or recipes for muffins, cakes, and cookies.

- Make gelatin with fruit juice or “higher calorie milk” (see recipe in box) instead of water. Add small pieces of canned or soft fresh fruits to gelatin before it sets.

- Add small pieces of dried fruits (raisins, prunes, apricots) to hot cereal or homemade muffins. Use caution: young children may choke on larger pieces of hard, dried fruit.

- Dip fresh fruit in wheat germ or peanut butter. (Peanut butter can be a choking hazard for children under age three years.)

**RECIPE**

**HIGHER CALORIE MILK**
Mix 1 cup of powdered milk into 1 quart (4 cups) of whole milk. Stir well.
Maneras de Ayudar a un Niño que Está Bajo de Peso

Agregando más calorías y proteína a las comidas favoritas de su niño, Ud. le puede ayudar a que aumente de peso. Aquí hay algunas sugerencias. Escoja las sugerencias que funcionen mejor para Ud. y su hijo.

- En sus recetas de pudín, flan, gelatina, licuados, atoles y sopa de crema, use leche evaporada o “leche alta en calorías” (vea la receta en la caja).
- Agregue leche en polvo al yogurt, aderezos, puré de papas, atoles, y a sus recetas de pan, pasteles y galletas.
- Agregue queso rayado al arroz, a las verduras, pastas y huevos.
- Agregue nueces bien molidas a los cereales, verduras y nieves (helados).
- Agregue huevos a sus recetas antes de cocer o huevos cocidos en sus platillos.
- Ponga crema de maní (cacahuates) a los panes, pancakes (buñuelos) o panecillos. (Los niños menores de 3 años se pueden atragantar con la crema de maní).
- Agregue pedacitos de carne, pollo, tofu o huevos cocidos a las ensaladas y sopa.
- Agregue germen de trigo o plátanos (guineos) a los cereales, yogurts, nieves, pancakes (buñuelos), pudines, y a las recetas de panecillos, pasteles o galletas.
- En vez de usar agua para preparar gelatinas use jugos de fruta o “leche alta en calorías” (receta en la caja). Agregue pedacitos de fruta enlatada o fresca antes de que se endurezca la gelatina.
- Agregue pedacitos de fruta seca (pasas, ciruelas, chabacanos, albaricoques) a los cereales o panecillos hechos en casa. Tenga cuidado con la fruta seca porque los niños pequeños se pueden atragantar.
- Agregue germen de trigo o crema de maní (cacahuates) a las frutas frescas. (Los niños menores de 3 años se pueden atragantar con la crema de maní).
High Calorie Food Choices for the Child Who Needs to Gain Weight

All children need foods from each food group every day. Children who need to gain weight should eat the foods listed here because these foods are highest in calories and nutrients.

**MILK, YOGURT, & CHEESE**
- Whole Milk
- Chocolate Milk
- Fruit Yogurt made with whole milk
- Cottage Cheese made with whole milk
- Egg Nog
- Pudding
- Custard
- Milk Shakes
- Whole Milk Cheeses
  (cheddar, Swiss, jack, etc.)

**MEAT, POULTRY, FISH, DRY BEANS, EGGS, & NUTS**
- Beef, Pork, Lamb (chuck, ground, ribs)
- Chicken (thigh)
- Fish, shrimp*
- Sausage
- Fried Meats
- Cooked Dry Beans
- Refried Beans
- Peanut Butter
- Almond Butter
- Nuts and Seeds
- Fried Tofu

**VEGETABLES**
- Carrots (cooked)
- Broccoli*
- Spinach, Bok Choy, Leafy Greens*
- Any other fresh or frozen vegetable*
- Peas, Corn
- Potatoes
- Fried Vegetables
- Creamed Vegetables

**FRUITS**
- Banana, Apple
- Orange*
- Any other fresh or frozen fruit*
- Fruit Juice
- Canned Fruit
- Dried Fruit
- Avocado

*Foods marked with an asterisk (*) are lower in calories and/or fat but still very nutritious. Underlined foods may pose a choking hazard to children under age three years—use caution.

Nutrition Strategies for Children with Special Needs
USC UAP • CHILDREN’S HOSPITAL LOS ANGELES
Maternal and Child Health Bureau
Choose What You Can Use

**BREAD, CEREAL, RICE & PASTA**
- Bread
- Tortillas (flour)
- Rice: fried
- Noodles: buttered
- Hot Cereals
- Sweetened Cereals
- Pancakes, Waffles
- French Toast
- Muffins, Biscuits

**SWEETS, FATS & COMBINATION FOODS**
- Ice Cream
- Pie, Cake
- Donuts
- Cookies
- Bacon, Olives
- Butter, Margarine
- Oils, Salad Dressings
- Mayonnaise
- Pizza
- Spaghetti with Meat
- Quesadilla
- Hamburger
- Cheeseburger
- Enchilada
- Tamale
- Coconut Milk, Coconut

You can easily add the foods listed below to other foods. This adds calories without increasing the amount of food, which is important for children with small appetites. Adding small amounts of higher fat foods may help some children gain needed weight.

**HIGH FAT FOODS**
- Cooking oil
- Mayonnaise
- Cream sauce
- Salad dressing
- Gravy

**HIGH CALORIE HIGH NUTRIENT FOODS**
- Dips
- Sour Cream
- Butter
- Margarine
- Cream cheese
- Dry milk
- Instant Breakfast Drink
- Ovaltine®
- Cheese, cheese sauce
- Raisins, other dried fruit
- Wheat germ

**COMPLETE SUPPLEMENTS SUCH AS:**
- Pediasure®
- Kindercal®
- Resource for Kids®
- Ensure®
- Sustacal®/Boost®
ESCOJA LO QUE PUEDA USAR

Comidas Altas en Calorías para el Niño que Necesita Aumentar de Peso

Todos los niños necesitan comer de todos los grupos de alimentos todos los días. Los niños que necesitan aumentar de peso deben comer estas comidas porque son más altas en calorías y nutrición.

<table>
<thead>
<tr>
<th>LECHE, YOGURT, Y QUESO</th>
<th>CARNE, POLLO, PAVO, PESCADO, FRIJOLES, HUEVOS Y NUECES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leche entera</td>
<td>Carne de res, puerco, borrego (carne molida, “chuck” y costillas)</td>
</tr>
<tr>
<td>Leche de chocolate</td>
<td>Pollo (muslo)</td>
</tr>
<tr>
<td>Yogurt hecho con leche entera</td>
<td>Pescado y camarones*</td>
</tr>
<tr>
<td>Requesón hecho con leche entera</td>
<td>Salchichas</td>
</tr>
<tr>
<td>Rompope (egg nog)</td>
<td>Carnes fritas</td>
</tr>
<tr>
<td>Pudín</td>
<td>Frijoles cocidos</td>
</tr>
<tr>
<td>Flan</td>
<td>Frijoles refritos</td>
</tr>
<tr>
<td>Licuados de leche</td>
<td>Crema de maní (cacahuate)</td>
</tr>
<tr>
<td>Quesos hechos con leche entera (como cheddar, swiss, monterey jack, etc.)</td>
<td>Crema de almendras</td>
</tr>
<tr>
<td></td>
<td>Nueces y semillas</td>
</tr>
<tr>
<td></td>
<td>Tofu frito</td>
</tr>
</tbody>
</table>

VERDURAS

- Zanahorias (cocidas)
- Brocoli*
- Espinaca, bok choy, hojas verdes*
- Otras verduras frescas o congeladas*
- Chicharos, maíz
- Papas
- Verduras fritas
- Verduras en crema

FRUTAS

- Plátanos (guineos), manzanas
- Naranjas*
- Otras frutas frescas o congeladas*
- Jugos de fruta
- Frutas enlatadas
- Frutas secas
- Aguacates

*Las comidas con una * después de ellas son bajas en calorías y grasas pero son muy nutritivas. Comidas subrayadas pueden causar que se atraganten los niños menores de tres años — tener cuidado.
Estas comidas se pueden agregar a otras comidas fácilmente. Esto agrega calorías sin aumentar la cantidad de comida, lo cual es muy importante para niños con apetitos pequeños. Algunos niños pueden aumentar el peso que necesitan agregando cantidades pequeñas de comidas altas en grasa.

<table>
<thead>
<tr>
<th>PANES, CEREALES, ARROZ Y PASTAS</th>
<th>COMIDAS DULCES, GRASAS Y COMIDAS COMBINADAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan</td>
<td>Nieve (helado)</td>
</tr>
<tr>
<td>Tortillas de harina</td>
<td>Pasteles</td>
</tr>
<tr>
<td>Arroz frito</td>
<td>“Pies” de fruta</td>
</tr>
<tr>
<td>Pasta con mantequilla</td>
<td>Rosquillas</td>
</tr>
<tr>
<td>Cereales calientes</td>
<td>Galletas</td>
</tr>
<tr>
<td>Cereales endulizados</td>
<td>Pan dulce</td>
</tr>
<tr>
<td>“Pancakes”, “waffles”</td>
<td>Tocino, aceitunas</td>
</tr>
<tr>
<td>“French toast”</td>
<td>Mantequilla, margarina</td>
</tr>
<tr>
<td>Panecillos y biscochos</td>
<td>Aceites, aderezos para ensaladas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMIDAS ALTAS EN GRASA</th>
<th>COMIDAS ALTAS EN CALORÍAS Y ALTAS EN NUTRICIÓN</th>
<th>SUPLEMENTOS COMPLETOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aceite de cocinar</td>
<td>Mantequilla</td>
<td>Productos como:</td>
</tr>
<tr>
<td>Mayonesa</td>
<td>Margarina</td>
<td>Pediasure®</td>
</tr>
<tr>
<td>Cremas</td>
<td>Queso crema</td>
<td>Kindercal®</td>
</tr>
<tr>
<td>Aderezos para ensalada</td>
<td></td>
<td>Resource for Kids®</td>
</tr>
<tr>
<td>Adereso</td>
<td></td>
<td>Ensure®</td>
</tr>
<tr>
<td>Crema agría</td>
<td></td>
<td>Sustacal®/Boost®</td>
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</tbody>
</table>

Nutrition Strategies for Children with Special Needs

USC UAP • CHILDRENS HOSPITAL LOS ANGELES

Maternal and Child Health Bureau
Promoting Adequate Food Intake

Children who are “picky eaters” may or may not get all the foods and nutrients they need for growth. Some children may refuse foods from an entire food group, such as fruits and vegetables. Others will only drink fluids, refusing all solid foods. This section is designed to help parents encourage more variety in their children’s diets.

Regular Meals and Snacks

Children usually need three meals and two or three snacks each day. When children have regular times to eat, instead of nibbling all day, they usually begin to experience hunger. Children are less picky when they are hungry because food tastes better and they have a bigger appetite. Children may not eat much food at any one meal, but if they eat some food at every meal and snack, they are more likely to get the food they need. Meal times can vary but should generally occur at the same time each day. Meals should be spaced about four to five hours apart. Snacks in between should be small enough so that children are hungry at the next meal. Meal times should have a definite start and end. A 15 to 20 minute meal is usually long enough. Meals usually include 3 to 4 foods (e.g., cereal, milk, fruit) while a snack is usually only 1 to 2 foods (e.g., crackers and/or cheese).

Balancing Food and Milk

Children who drink more than 40 ounces of milk or formula per day will probably not be hungry for other foods. While milk is nutritious (providing protein, calcium and vitamin D), it must be balanced with other foods. Children who drink too much milk do not get enough fiber, iron and other vitamins and minerals. The Daily Food Guide charts in this section show the recommended amount of milk for children by body weight. Young children after one year of age usually do not need more than 16 to 24 ounces of milk a day. It is still important for children to drink plenty of fluids, so it is good to offer water or small amounts of fruit juice some of the time. Some children drink milk from a bottle as a source of comfort. Cuddling, reading books, and other ways of showing loving
attention can help meet the child’s need for comfort. Unless they have delayed feeding skills, children should be drinking only from a cup by two years of age.

**Rewards for Appropriate Eating**

For some children, refusing food is a way of seeking attention. When this is the case, the best strategy is to teach parents how to ignore their child’s food refusal. By doing so, they prevent the child from getting attention for refusing food. A positive reward for eating will give the child the attention he or she seeks. For example, a smile, loving touch, or positive but calm verbal comment, given consistently, will help children learn that eating — not refusing to eat — gets attention. Acknowledging that these behaviors change slowly is one of the first steps in helping parents. Parents who are good role models and who persevere will affect a desirable change in their child’s behavior, including a change in what he or she eats.

**Accepting Some Limitations**

Some children do not enjoy eating, especially if they have experienced aversive oral events following birth (breathing or feeding tubes) or if chewing or swallowing is difficult for them. Feeding therapy may be required in these situations. Also, remember that not all children will like all foods. Respect a child’s dislikes as long as he or she eats foods from each food group. As children grow older their taste buds change, and their food preferences usually expand.
STRATEGIES
...for Children with Inadequate Food Intake

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A child’s intake may be inadequate if they don’t eat enough of a variety of</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and</td>
</tr>
<tr>
<td>foods or if they do not consume enough food. To identify possible causes of</td>
<td>the education materials in this section:</td>
</tr>
<tr>
<td>inadequate intake, ask the child’s parent/caregiver the questions below.</td>
<td>♦ Choose What You Can Use: Ways To Help A Child Try New Foods — for Children Who</td>
</tr>
<tr>
<td></td>
<td>Eat Pureed Foods</td>
</tr>
<tr>
<td></td>
<td>♦ Choose What You Can Use: Ways To Help A Child Try New Foods — for Children Who</td>
</tr>
<tr>
<td></td>
<td>Feed Themselves</td>
</tr>
<tr>
<td></td>
<td>♦ Tips for Picky Eaters (WIC Brochure)</td>
</tr>
</tbody>
</table>

1. Is the child offered three meals and two snacks daily?

1. If the answer is no:
   ♦ Encourage the parent/caregiver to schedule meal and snack times.
   ♦ Allow four to five hours between meals so that the child begins to get hungry.
   ♦ Offer snacks between meals, but make them small enough so that the child is hungry for the next meal.
   ♦ Ask if there is enough food available to feed the child. If not, see the Resources section and refer them to food resources.

2. How much milk or formula is the child drinking each day?

Review Daily Food Guide for Children (by weight) in this section to confirm recommended amounts for child’s weight or age.

2. If the child is drinking more than the recommended amount:
   ♦ Explain that this could be interfering with the child’s interest in eating other foods. Also, drinking too much milk can cause anemia and constipation.
   ♦ If the child is over two years of age, suggest offering lowfat or nonfat milk in place of whole milk or formula.
   ♦ Suggest alternative drinks (water, dilute juice) to offer when child is thirsty.
   ♦ Suggest activities (cuddling, reading books) to substitute for the comforting experience of drinking milk from a bottle.

3. Does the child have difficulty eating foods of a certain texture?

3. If the answer is yes:
   ♦ Child may need help with feeding. See the Feeding Skills section of this manual.

Continued on next page
<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Does the child refuse foods</td>
<td>4. If the answer is yes:</td>
</tr>
<tr>
<td>from one particular food group?</td>
<td>♦ Suggest other foods from that food group which the</td>
</tr>
<tr>
<td></td>
<td>child might try (refer to the Food Guide Pyramid in</td>
</tr>
<tr>
<td></td>
<td>the Food Guidelines section). Give the parent/</td>
</tr>
<tr>
<td></td>
<td>caregiver a copy of Choose What You Can Use: Ways</td>
</tr>
<tr>
<td></td>
<td>To Help A Child Try New Foods.</td>
</tr>
<tr>
<td></td>
<td>♦ Try offering snacks between meals with different</td>
</tr>
<tr>
<td></td>
<td>foods.</td>
</tr>
<tr>
<td></td>
<td>♦ Until the child can eat a wider variety of foods,</td>
</tr>
<tr>
<td></td>
<td>the child may need a general vitamin/mineral</td>
</tr>
<tr>
<td></td>
<td>supplement. See the Supplements section of this</td>
</tr>
<tr>
<td></td>
<td>manual.</td>
</tr>
<tr>
<td>5. What do the parents/caregivers</td>
<td>5. If the child gets special attention upon</td>
</tr>
<tr>
<td>do when the child refuses a food?</td>
<td>refusing a food:</td>
</tr>
<tr>
<td></td>
<td>♦ Encourage the parent/caregiver to ignore their</td>
</tr>
<tr>
<td></td>
<td>child’s refusal to eat.</td>
</tr>
<tr>
<td></td>
<td>♦ Suggest that they smile, touch, or somehow let the</td>
</tr>
<tr>
<td></td>
<td>child know they are pleased when the child eats a</td>
</tr>
<tr>
<td></td>
<td>food.</td>
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<tr>
<td></td>
<td>♦ Encourage the parent/caregiver to follow through.</td>
</tr>
<tr>
<td></td>
<td>For example, when they say they will do something if</td>
</tr>
<tr>
<td></td>
<td>the child refuses food, they need to do it.</td>
</tr>
<tr>
<td>6. Does the child eat with other</td>
<td>6. If the answer is no:</td>
</tr>
<tr>
<td>family members?</td>
<td>♦ Encourage the parent/caregiver to have the family</td>
</tr>
<tr>
<td></td>
<td>eat together. This sets a good example and</td>
</tr>
<tr>
<td></td>
<td>encourages children to imitate others’ eating</td>
</tr>
<tr>
<td></td>
<td>habits.</td>
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</tbody>
</table>
Daily Food Guide for Children 15 to 23 Pounds

The amount of food a baby needs depends in part on the baby’s size and weight. It also depends on how fast the baby is growing and on how active the baby is. One way to help your baby get the right amount of food is to feed him or her based on his or her weight. Use the charts on this and the next page as a guide for amounts of food to offer your child. If your child cannot eat this much food, get help from a nutritionist who may recommend concentrated formula or special foods.

Breastmilk or formula will give a baby all the nutrition needed until he or she weighs about 15 pounds. Some babies develop more slowly than others do. These children may need to feel and taste food on their lips before they are actually ready to take food from the spoon and swallow it. The child’s teacher or therapist can suggest food experiences to help him/her learn to eat.

<table>
<thead>
<tr>
<th>FOOD</th>
<th>AMOUNTS OF FOOD YOUR BABY NEEDS EACH DAY</th>
<th>15 lb. infant</th>
<th>17 lb. infant</th>
<th>19 lb. infant</th>
<th>21 lb. infant</th>
<th>23 lb. infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant cereal* — iron-fortified (measured dry)</td>
<td></td>
<td>2-4 Tbsp.</td>
<td>4-8 Tbsp.</td>
<td>4-8 Tbsp.</td>
<td>4-8 Tbsp.</td>
<td>4-8 Tbsp.</td>
</tr>
<tr>
<td>Vegetables (9 Tbsp. in a 4.5 oz. jar)</td>
<td></td>
<td>Start strained: 2-6 Tbsp.</td>
<td>4-9 Tbsp. strained</td>
<td>4-9 Tbsp. mashed</td>
<td>6-9 Tbsp. mashed</td>
<td></td>
</tr>
<tr>
<td>Fruits (9 Tbsp. in a 4.5 oz. jar)</td>
<td></td>
<td>Start strained: 2-6 Tbsp.</td>
<td>4-9 Tbsp. strained</td>
<td>4-9 Tbsp. mashed</td>
<td>6-9 Tbsp. mashed</td>
<td></td>
</tr>
<tr>
<td>Juice** (offer in a cup when possible)</td>
<td></td>
<td>4 oz. (not orange)</td>
<td>4 oz. (add orange)</td>
<td>4 oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat, poultry, fish, dry beans, tofu, egg yolk, yogurt, cottage cheese</td>
<td></td>
<td>Start strained: 2-3 Tbsp.</td>
<td>4-5 Tbsp. strained or finely chopped</td>
<td>5 Tbsp. finely chopped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potato, macaroni, spaghetti, and other starch***</td>
<td></td>
<td>8-12 Tbsp. chopped</td>
<td>8-12 Tbsp. chopped</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole egg (no more than 4 times a week)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>One</td>
</tr>
</tbody>
</table>

* Before starting cereals, an infant could consume as much as 35-40 oz. of formula per day; ** Avoid putting juice in a bottle; pooling of juice on baby’s teeth can cause decay; *** Depending on the child’s ability to self-feed, offer small amounts of crackers and teething biscuits. Adapted from Feeding and Caring for Infants and Children with Special Needs, AOTA, 1987.
Adapt the information in this chart to fit your child’s needs with the help of a nutritionist or physician. Consider your child’s energy level, physical size, medications and physical ability to handle foods of different textures. Caution: Children under age 4 years can easily choke on raw carrots, popcorn, hot dogs, nuts, grapes, candy, gum or other small, hard food pieces. Never leave a child alone while he or she is eating.

<table>
<thead>
<tr>
<th>AMOUNTS YOUR CHILD NEEDS</th>
<th>SERVING SIZE FOR EACH FOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD GROUPS</td>
<td>24-29 lb. child</td>
</tr>
<tr>
<td>Bread, Cereal, Rice and Pasta</td>
<td>6 servings each day</td>
</tr>
<tr>
<td>Bread</td>
<td>½ to 1 slice</td>
</tr>
<tr>
<td>Cereal</td>
<td>¼ cup</td>
</tr>
<tr>
<td>Rice (cooked)</td>
<td>¼ cup</td>
</tr>
<tr>
<td>Pasta (cooked spaghetti, macaroni, etc.)</td>
<td>¼ cup</td>
</tr>
<tr>
<td>Crackers</td>
<td>2 to 4 small</td>
</tr>
<tr>
<td>Vegetables</td>
<td>3-5 servings each day</td>
</tr>
<tr>
<td>Potatoes</td>
<td>2 Tbsp.</td>
</tr>
<tr>
<td>Cooked vegetables</td>
<td>2 Tbsp.</td>
</tr>
<tr>
<td>Raw vegetables*</td>
<td>2 to 3 small pieces</td>
</tr>
<tr>
<td>Fruits</td>
<td>2-4 servings each day</td>
</tr>
<tr>
<td>Fruit</td>
<td>¼ cup</td>
</tr>
<tr>
<td>Juices</td>
<td>1/3 to 1/2 cup</td>
</tr>
<tr>
<td>Milk, Yogurt and Cheese</td>
<td>3 servings each day</td>
</tr>
<tr>
<td>Milk (whole until age 2)</td>
<td>½ to ¾ cup</td>
</tr>
<tr>
<td>Yogurt</td>
<td>½ to ¾ cup</td>
</tr>
<tr>
<td>Cheese</td>
<td>¾ oz.</td>
</tr>
<tr>
<td>Cottage cheese</td>
<td>2 Tbsp.</td>
</tr>
<tr>
<td>Meat, Poultry, Fish, Dry Beans, Eggs and Nuts</td>
<td>2-3 servings each day</td>
</tr>
<tr>
<td>Lean, cooked meat, fish, poultry</td>
<td>2 Tbsp.**</td>
</tr>
<tr>
<td>Eggs, medium</td>
<td>1</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>1 Tbsp.</td>
</tr>
<tr>
<td>Dry beans (cooked)</td>
<td>1/3 cup</td>
</tr>
</tbody>
</table>

*Raw vegetables should be offered only if the child chews well.
**Two tablespoons (2 Tbsp.) is about one ounce (1 oz.) of meat.
Ways to Help a Child Try New Foods — for Children Who Eat Pureed Foods

Eating a variety of foods is one of the healthiest things you can do for your body. Yet many people, especially some children, tend to want to eat the same foods every day. You can help your child increase the variety of foods he or she eats in two ways: introducing a new food along with favorite foods, and hiding new foods in a favorite food.

Below are some suggested strategies for offering new foods to children who eat pureed foods. Not every strategy will work with every child or with every food. Try them and see what works for you and your child. Remember — don’t give up with the first refusal! Try another strategy and/or try the same one a few days later.

**Give new foods at the start of a meal.**
Offer the new food at the start of a meal or snack when the child is the hungriest. At first, offer only 1 to 2 spoonfuls. Then offer a favorite food. At the next meal, offer more spoonfuls of the new food before the favorite food. Gradually increase the amount of the new food and decrease the preferred food.

*Example:* Offer one to two bites of peas, then feed a normal serving of carrots. After a few meals, the child may accept half a serving of peas and half of carrots.

**Mix two foods together.**
Try mixing two purees together, such as meat with a favorite vegetable. Even if the combination is not one that you like, your child may decide that she likes it. Start by mixing a very small amount of the new food with the preferred food.

*Example:* Mix 1 teaspoon of pureed chicken (a new food) with 2 ounces of squash (a favorite). Gradually increase the amount of chicken until the mixture is mostly chicken.

**Introduce new liquids, too.**
This same technique can be used to introduce a new liquid, even if a child initially refused the new liquid. Start with a small amount of the new liquid or flavor, and add it to the current liquid. Gradually increase the proportion of the new flavor to the preferred flavor until the mixture is mostly the new liquid.

*Example:* To wean a child off of formula, mix 1 ounce of whole milk with 6 to 8 ounces of formula. Next, try 2 ounces of milk and 4 to 6 ounces of formula. Continue until the child drinks all whole milk. This can also work to change to a new type of formula.

continued on back
Try new textures.

If your child prefers very smooth purees and will not accept lumpier foods, you can add thickeners to the purees to gradually alter the texture.

- Dry infant cereal is a nutritious and easy thickener. Simply add 1 to 3 tablespoons of dry cereal to 2 to 4 ounces of puree. (The mixture will become thin again after standing, so use it right away.)
- Commercial thickeners (such as Thick-it®) are more expensive but do not break down as quickly.
- Wheat germ is an easy, available and less expensive thickener. Added 1 teaspoon at a time to a puree, it will not break down and will give the puree a slightly coarser texture without producing actual lumps. After adding wheat germ gradually so that the food is quite thick, you can add lumps of soft-cooked vegetables or fruits.
- Oatmeal is another good food for adding texture. To introduce a child to lumpier textures, add small pieces of soft-cooked vegetables or fruits to fairly thick oatmeal.
- When you puree soup, save some original soup aside and then add it back to the pureed soup to add more texture but retain the same flavor.
Maneras de Ayudar a un Niño Comer Comidas Nuevas—para Niños que Comen Comidas Molidas

Una de las cosas más saludables que Ud. puede hacer para su cuerpo, es comer una variedad de alimentos. Sin embargo muchas personas, especialmente algunos niños, quieren comer las mismas comidas todos los días. Hay dos maneras en que Ud. puede ayudar a que su hijo coma más comidas: puede introducir comidas nuevas con comidas favoritas, y puede esconder comidas nuevas entre las comidas favoritas.

Estas son algunas sugerencias para ofrecer comidas nuevas a niños que comen comidas molidas. No todas las sugerencias trabajan con todos los niños ni con todas las comidas. Trate de implementar algunas de estas sugerencias para saber que es lo que funciona para Ud. y para su niño. Recuerde — no se dé por vencida la primera vez que le rechaze alguna comida. Trate otra sugerencia o la misma unos días después.

Ofrezca comidas nuevas al principio de las comidas.

Ofrezca las comidas nuevas al principio de la hora de la comida o de los bocadillos, cuando el niño tiene más hambre. Ofrezca solamente 1 o 2 cucharadas al empezar. A la hora de la siguiente comida, ofrezca más cucharadas de la comida nueva antes de ofrecer la comida favorita. Gradualmente vaya aumentando la cantidad de la comida nueva y disminuyendo la cantidad de la comida preferida.

*Ejemplo:* Ofrezca uno o dos bocados de chícharos, luego ofrezca una porción normal de zanahorias. Después de algunas comidas, puede ser que el acepte media porción de chícharos y media porción de zanahorias.

Mezcle dos comidas.

Trate de mezclar dos purés juntos, como carne con una verdura favorita. Aunque la combinación de comidas sea una que no le guste a Ud., tal vez a su niño si le guste. Empiece con una cantidad muy pequeña de la comida nueva con la comida preferida.

*Ejemplo:* Mezcle una cucharadita de pollo molido (comida nueva) con 2 onzas de calabaza (comida favorita). Gradualmente aumente la cantidad de pollo hasta que la mezcla sea más pollo que calabaza.

Introduzca líquidos nuevos también.

La misma estrategia se puede usar para introducir líquidos nuevos, aunque el niño haya rechazado el líquido inicialmente. Al líquido favorito, agregue una cantidad pequeña del líquido o sabor nuevo. Gradualmente aumente la cantidad del líquido nuevo hasta que la mezcla sea mayoría líquido nuevo.

*Ejemplo:* Para quitarle la fórmula a un niño, mezcle una onza de leche entera con 8 onzas de fórmula. Luego agregue 2 onzas de leche entera a 4-6 onzas de fórmula. Siga haciendo esto hasta que el niño tome leche entera solamente. También puede hacer esto cuando está cambiando fórmulas.

*continuada en el reverso*
Trate de introducir texturas nuevas.

Si su niño prefiere purés muy molidos y no acepta comidas con más textura (o más gruesas), puede agregar algo para espezar los purés y cambiar la textura gradualmente.

- Cereal de bebé seco es nutritivo y se puede usar para espezar. Simplemente, agregue 1-3 cucharadas de cereal seco a 2-4 onzas de puré (La mezcla se hace más espeza con el tiempo, así que úsela inmediatamente).

- Espezantes comerciales (como Thick-it®) son más caros, pero mantienen su textura por más tiempo.

- Germen de trigo es fácil de usar, se encuentra facilmente y no es caro. Agregue una cucharada a la vez a los purés. El germen de trigo mantiene su textura por un largo tiempo y le da una textura más gruesa sin producir borones. Después de agregar el germen de trigo gradualmente hasta que la comida esté espeza, puede agregar pedazos de fruta o verdura cocida.

- Avena es otra comida que se puede usar para agregar textura. Para introducir al niño a texturas más gruesas, agregue pedazos pequeños de fruta o verdura cocida a una avena gruesa.

- Cuando haga purés de sopas, agregue poca sopa actual para darle más textura al puré. Esto también mantiene el mismo sabor de la sopa.
Ways to Help a Child Try New Foods—
for Children Who Feed Themselves

Eating a variety of foods is one of the healthiest things you can do for your body. Yet many people, especially some children, tend to want to eat the same foods every day. You can help your child increase the variety of foods he or she eats in two ways: introducing a new food along with favorite foods, and hiding new foods in a favorite food.

Below are some ways to offer new foods to children who feed themselves. Not every strategy will work with every child or with every food. Try them and see what works for you and your child. Remember—don’t give up with the first refusal! Try another strategy and/or try the same one a few days later.

Give new foods at the start of a meal.
Offer the new food at the start of a meal or snack when the child is hungriest. Offer only one new food at a meal, and serve it with several other familiar foods so the child knows he will not be hungry at the end of the meal. Put 1 to 2 bites of the new food on your child’s plate. Offer more if he eats it all, but never force him to eat it.

Hide new foods in familiar foods.
For example, add very small pieces of a new vegetable to a favorite soup or stew, or grate vegetables into muffin batter. You can also do this with drinks, such as water in juice, diet soda in regular soda, or a new kind of juice with an old favorite. If your child notices the difference, make the addition even smaller, so that she almost can’t taste the difference. Don’t make your child’s food different from the other family members’. Remember you are modeling for your child. If she is old enough to understand what the new food is, you can discuss the addition after she has learned to eat the food.

Be creative.
Prepare the new food creatively or in a new form. For example, make faces with raisins or banana slices on a slice of bread spread with peanut butter. Make a game out of eating the fruits and bread. Use dips for raw vegetables (ranch dressing is easy), or marinate the vegetables (Italian dressing is good for this).

Tell your child what you expect.
Tell your child your expectations for eating a new food. It you just want her to try one bite, let her know she will need to do that before eating the rest of the meal. Reward your child by giving lots of verbal encouragement and praise when she tries the new food (whether she liked it or not) but not necessarily for cleaning her plate. Model trying new foods for your child.

Be realistic.
Choose which foods are important for your child to learn to eat, and don’t worry about all foods. Some children will never really “like” a food, but will learn to eat it with proper encouragement and positive reinforcement. Try a new food more than once, and at more than one age. As children (and adults) get older, their tastebuds change so that foods they once refused they may accept. Remember that the best example is your own good eating habits.
Maneras de Ayudar a un Niño Comer Comidas Nuevas—para Niños que Se Pueden Alimentar Solos

Una de las cosas más saludables que Ud. puede hacer para su cuerpo, es comer una variedad de alimentos. Sin embargo muchas personas, especialmente algunos niños, quieren comer las mismas comidas todos los días. Hay dos maneras en que Ud. puede ayudar a que su hijo coma más comidas: puede introducir comidas nuevas con comidas favoritas, y puede esconder comidas nuevas entre las comidas favoritas.

Estas son algunas sugerencias para ofrecer comidas nuevas a niños que comen por si solos. No todas las sugerencias trabajan con todos los niños ni con todas las comidas. Trate de implementar algunas de estas sugerencias para saber que es lo que funciona para Ud. y para su niño. Recuerde—no se dé por vencida la primera vez que le rechaze alguna comida. Trate otra sugerencia o la misma unos días después.

**Ofrezca comidas nuevas al principio de las comidas.**
Ofrezca las comidas nuevas al principio de la hora de la comida o de los bocadillos, cuando el niño tiene más hambre. Ofrezca solamente una comida nueva a cada hora de comer y ofrézcala con comidas conocidas para que el niño sepa que no se va a quedar con hambre. Ponga 1 o 2 bocados de la comida nueva en el plato de su niño. Ofrezca más si se la come toda, pero nunca haga que su niño coma a la fuerza.

**Esconda comidas nuevas entre comidas favoritas.**
Por ejemplo, agregue pedacitos pequeños de una verdura nueva a una sopa o guiso favorito. Puede rayar verduras y agregar a la masa de panecillos. También puede hacerlo con bebidas, tal como agua en jugo, soda de dieta en soda regular, agregue muy poco de la bebida nueva para que no sepa la diferencia. Que la comida de su niño no sea diferente de la comida del resto de la familia. Recuerde que Ud. es un ejemplo para su niño. Si su niño tiene suficiente edad para comprender que es la comida nueva y ya aprendió a comérsela, puede platicar con el sobre la comida nueva.

**Sea creativa.**
Prepare la comida nueva de una manera distinta o creativa. Por ejemplo, haga caritas con pasas y plátanos, en una rebanada de pan con crema de cacahuate (maní). Haga un juego de comer las frutas y el pan. Use aderezos para las verduras crudas (aderezo estilo “ranch” es fácil), o agregue aderezo a las verduras (aderezo italiano es bueno para esto).

**Dígale a su niño lo que Ud. espera de él.**
Dígale a su niño lo que Ud. espera de él tocante a las comidas nuevas. Si Ud. quiere que solamente pruebe la comida nueva, dígale que tiene que hacerlo antes de poder comer otras comidas. Apoye a su niño verbalmente y alábelo cuando pruebe la comida nueva (le guste o no le guste) pero no necesariamente por limpiar el plato. Enséñele a su niño que Ud. también prueba comidas nuevas.

**Sea Realista.**
Escoja las comidas que son importantes para que aprenda a comer su hijo(a) y no se preocupe por todas las comidas. Algunos niños nunca les gustan ciertas comidas sin embargo aprenden a comérselas con apoyo y refuerzo positivo. Introduzca comidas más de una vez y a todas las edades. Con el tiempo algunos niños (y adultos) cambiarán de parecer, y las comidas que rechazaban serán aceptadas. Recuerde que el mejor ejemplo son los buenos hábitos alimenticios de Ud.
Promoting Feeding Skill Development

As described in the Food Guidelines section, feeding skills for most children progress from sucking either at the breast or from a bottle, through being spoon-fed soft foods, to drinking from a cup, and lastly chewing solid foods they feed themselves. Children with special needs may not progress as rapidly due to differences or delays in their development.

The brain controls the development of oral, gross and fine motor skills. It also influences alertness, behavior, appetite and vision, which in turn influence feeding skill development. Children with a history of invasive or unpleasant oral experiences may not want a spoon or a particular texture in their mouths. No matter the cause of feeding difficulties, both proper positioning and suitable food choices are key in helping children reach their potential. A therapist should evaluate a child who is having difficulty feeding. Following this evaluation, the therapist should provide the child’s teacher and parents or caregivers with specific recommendations.

The Importance of Positioning

Children with developmental delays often want to eat but have trouble swallowing, chewing, or getting food to their mouths. Proper position while eating is essential for successful feeding. A child in proper eating position might look like this:

♦ Head is upright and slightly forward.
♦ Trunk (body) is upright.
♦ Arms are forward (resting comfortably on a high chair tray or table, if applicable).
♦ Hips and knees are bent to a sitting position (with the aid of a seat belt or non-slip seating material, as needed).
♦ Feet are resting flat on a firm surface.
♦ The person offering the food is facing the child at the child’s eye level.
Once the therapist has placed the child in a good position, it helps to take a picture to give to the parents/caregivers. By putting a copy of this picture where the child eats (at home, day care, or school), parents and caregivers can refer to it to correctly position the child at each meal. A consistent approach is important in teaching any new skill. As the child grows and develops, the therapist may change the position and parents will need a new picture.

**Food Types and Textures Make a Difference**

Any child learning to eat wants to be successful. Providing young children with foods they can chew and swallow will help them achieve that success. Most foods can be altered in texture to accommodate a child’s abilities. Foods can first be offered in pureed form, then mashed, ground or chopped, and finally cut in bite-size pieces when a child is able to eat regular table foods.

While it is important to adapt foods to a child’s abilities, children also need to be challenged. Children learn new skills by practicing them. If a child can chew foods but is only given pureed or mashed foods, he or she cannot learn new feeding skills at a suitable pace. When parents and caregivers know what foods (types and textures) match their child’s physical abilities, they are better equipped to help a child further develop their feeding skills.
### STRATEGIES
...for Children with Feeding Difficulties

#### ASSESS FURTHER

Is the child having feeding difficulties such as those listed on the nutrition screening form? If so, identify possible contributors to the feeding difficulties by asking the child’s parent/caregiver the questions below.

If the child is having feeding difficulties and has not been seen for a feeding evaluation, you may need to refer the child to a feeding therapist or feeding team for evaluation and treatment.

#### PLAN FOR ACTION

With the child’s parent/caregiver, develop a plan using the suggestions below and the education materials in this section:

- **Choose What You Can Use: Ways to Help a Child Who Has Difficulty Eating**
- **Choose What You Can Use: Feeding Positions for the Child with Poor Muscle Control**
- **Choose What You Can Use: Easy-to-Chew Breakfast Foods**
- **Choose What You Can Use: Easy-to-Chew Lunch and Dinner Foods**

<table>
<thead>
<tr>
<th>1. Does the child have difficulty sucking or swallowing?</th>
<th>1. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♦ Discuss and demonstrate proper feeding positions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Does the child have difficulty chewing foods?</th>
<th>2. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♦ Discuss and demonstrate proper feeding positions.</td>
</tr>
<tr>
<td></td>
<td>♦ Select foods to try from <strong>Choose What You Can Use: Easy-to-Chew Breakfast Foods</strong> and <strong>Choose What You Can Use: Easy-to-Chew Lunch and Dinner Foods</strong>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Does the child choke on liquids or solid foods, lose food from the mouth, pack food in the mouth, or have trouble drinking from a cup?</th>
<th>3. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♦ Discuss and demonstrate proper feeding positions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. If the child is over age two, does he or she still drink from a bottle?</th>
<th>4. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♦ Discuss the increased risks for anemia and tooth decay and that drinking from a bottle may make the child less willing to try solids.</td>
</tr>
<tr>
<td></td>
<td>♦ Discuss ways to wean a child from a bottle.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. If the child is over age two, does he or she have difficulty feeding himself or herself?</th>
<th>5. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♦ Discuss possible reasons and ways to help the child develop independent feeding skills.</td>
</tr>
</tbody>
</table>
Ways to Help a Child Who Has Difficulty Eating

Children whose feeding skills are still developing need lots of support learning how to eat. Even if they learn more slowly than other children do, the goal is still to help them learn to feed themselves. Be sure they are in the best position for eating (see Feeding Positions). Then use the ideas on this page to offer foods with textures they can chew and swallow. (Also, see Choose What You Can Use: Easy-to-Chew Foods.)

When your child handles food through sucking (as if drinking from a bottle), offer your child:

- **Thickened, pureed foods:**
  - cooked cereal
  - applesauce
  - yogurt

- **Soft, mashed foods:**
  - soft fruits such as scraped apple, banana, mango
  - well-cooked, mashed vegetables, and beans, mashed tofu, soft-cooked scrambled eggs

When your child can move food to the sides of the mouth with his/her tongue and begins to show up-and-down chewing:

- **Start with ground foods:**
  - ground fruits and vegetables
  - ground meat with gravy
  - cut-up, cooked or soft fruits

- **Progress to chopped table foods:**
  - chopped meats and casseroles
  - cut-up, cooked vegetables

When your child chews and moves food freely from side to side in the mouth, your child is ready for regular table foods.

- **Start with small pieces:**
  - Serve small portions so your child will feel successful.
  - Try new foods one at a time so you know what your child can or cannot eat yet.

- **Make sure your child is in an upright position. This will:**
  - Help prevent choking.
  - Allow free use of arms and hands for self-feeding.

- **Encourage your child to drink from a cup. This will:**
  - Prevent bottle-induced tooth decay.
  - Reduce tongue thrust.
  - Help your child eat more solid foods.

- **Encourage your child to feed him or herself:**
  - Modified utensils, plates, and cups are helpful.
  - Your child will gain self-confidence.
  - Eating will be more enjoyable for your child and your family.
Maneras de Ayudar a un Niño que Tiene Dificultades Comiendo

Los niños que todavía están desarrollando sus habilidades para comer necesitan mucho apoyo para aprender a comer. Aunque ellos aprendan más lentamente que otros niños, la meta es que ellos aprendan a comer por sí solos. Asegure que el niño esté en la mejor posición para comer. (Vea la hoja sobre posiciones para comer). Luego puede usar las ideas de esta página para ofrecer comidas con texturas que ellos puedan masticar y tragar. (También vea Escoja lo que pueda usar: Comidas fáciles de masticar).

Cuando su niño chupa las comidas (como si estuviera tomando de una mamila), ofrézcale:

**Comidas espesas estilo puré:**
- cereal cocido
- puré de manzana
- yogurt

**Comidas molidas y suaves altacto:**
- frutas suaves como manzana rayada, plátano (guineos), mango
- verduras bien cocidas y molidas, frijoles molidos, tofu molido, huevos revueltos

Cuando su niño puede mover las comidas con su lengua de un lado de la boca al otro y comienza a masticar moviendo la boca hacia arriba y hacia abajo:

**Empiece con comidas molidas:**
- frutas y verduras molidas
- carnes molidas con salsa estilo “gravy”
- frutas suaves o frutas cocidas

**Progrese a comidas de mesa picadas:**
- carnes y guisos picados
- verduras cocidas y picadas

Su niño está listo para comer comidas regulares cuando puede masticar bién y mover la comida fácilmente de un lado de su boca hacia al otro.

**Empieze con pedazos pequeños:**
- Para que su niño se sienta feliz, sírvale porciones pequeñas.
- Introduzca comidas nuevas una a la vez para que Ud. esté enterada de lo que puede comer.

**Esté seguro de que el niño este en una posición recta. Esto ayuda a:**
- Prevenir que se sofoque.
- Que el niño utilice sus manos y brazos para alimentarse.

**Anime a su hijo para que tome en taza. Esto ayuda a:**
- Prevenir caries dentales causadas por uso de la mamila.
- Reducir que el niño saque la lengua.
- Que su niño coma más comidas solidas.

**Anime a su niño que se alimente por sí solo:**
- Tazas, platos y cubiertos especiales pueden ayudarle.
- Su niño va a tener más confianza en si mismo.
- La hora de la comida va a ser más agradable para Ud. y su familia.
Feeding Positions for the Child with Poor Muscle Control

**YES**

**With a small child:**
- Sit him upright on one of your legs, with his feet held down under your other knee.
- Bring his arms forward and support him behind his shoulders with one of your arms.
- Keep his head straight or slightly forward.

**With a bigger child:**
- Sit her facing you, on your lap.
- Put a pillow behind her back and against a table.
- Make sure her back is straight and arms forward.
- Her legs should be bent and feet flat on your chair with one on each side of your legs.
- Keep her head straight or slightly forward.

**Another way:**
- Sit a small child in an infant seat.
- Have him face you, with the back of the seat against a table.

**NO**

- Do not sit a child unsupported in a regular chair to eat or drink. He may arch his back and tilt his head backward, making him more likely to choke.
- Do not hold a child across your lap to eat or drink. She may arch her back and tilt her head backward, making her more likely to choke.
Posiciones para Dar Alimentos al Niño que Tiene Falta Control de Sus Músculos

Con un niño pequeño:
- Siéntelo recto en una pierna, y deténgale sus pies con su otra pierna (debajo de su rodilla).
- Al niño póngale sus brazos hacia adelante y sosténgale sus hombros por detrás para apoyarlo por detrás.
- Manténgale su cabeza recta o un poco hacia adelante.

Otra manera:
- Ponga a los niños pequeños en su asiento de seguridad (de automóvil).
- Siéntelo con la cara hacia Ud y recargue la parte de atrás del asiento en una mesa.

Con un niño más grande:
- Siéntelo con la cara hacia Ud. en sus piernas.
- Ponga una almohada en la espalda recargada en una mesa.
- Asegure que la espalda esté recta y los brazos hacia el frente.
- Las piernas deben estar dobladas y los pies planos uno a cada lado de sus piernas.
- Mantenga la cabeza recta o hacia adelante un poco.

No
- Nunca siente a un niño para comer o beber en una silla regular sin apoyarle la espalda. El niño puede doblar su espalda y mover su cabeza hacia atrás. Esto puede causar que se atragante.
- No ponga a un niño atravesado en sus piernas para darle de comer. El niño puede doblar su espalda y mover su cabeza hacia atrás. Esto puede causar que se atragante.
Easy-to-Chew Breakfast Foods

A child who can chew up and down and move food to the sides of the mouth with the tongue will be able to chew foods. Depending on your child’s feeding skills, foods may need to be mashed or chopped. For a well-balanced diet, offer foods from at least three food groups at breakfast. Serve a beverage such as milk, fruit juice, or water with the meal. See the Food Guidelines section for the amounts of food or beverage to offer a child.

<table>
<thead>
<tr>
<th>BREADS &amp; GRAINS</th>
<th>MEAT, POULTRY, FISH, BEANS, &amp; EGGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Cereals, dry: with milk</td>
<td>♦ Beans, dry: baked, boiled, mashed, refried</td>
</tr>
<tr>
<td>♦ Bread: sliced or cubed</td>
<td>♦ Beef: chopped, creamed</td>
</tr>
<tr>
<td>♦ Corn grits</td>
<td>♦ Eggs: scrambled, soft-cooked or hard boiled, cut up</td>
</tr>
<tr>
<td>♦ French toast: cut up</td>
<td>♦ Fish fillet: baked, poached</td>
</tr>
<tr>
<td>♦ Muffins</td>
<td>♦ Sausage: ground or chopped, with gravy</td>
</tr>
<tr>
<td>♦ Oatmeal and other cooked cereals</td>
<td>♦ Tofu</td>
</tr>
<tr>
<td>♦ Pancakes: cut up</td>
<td></td>
</tr>
<tr>
<td>♦ Pizza: cheese, soft crust, cut into bite-sized pieces</td>
<td></td>
</tr>
<tr>
<td>♦ Tortillas: soft, flour</td>
<td></td>
</tr>
<tr>
<td>♦ Waffles: cut up</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRUITS &amp; VEGETABLES</th>
<th>DAIRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Apple: scraped or chopped</td>
<td>♦ Cheese sandwich: grilled, quartered</td>
</tr>
<tr>
<td>♦ Banana: sliced or chopped</td>
<td>♦ Cheese: sliced or cubed</td>
</tr>
<tr>
<td>♦ Cantaloupe: cubed</td>
<td>♦ Yogurt</td>
</tr>
<tr>
<td>♦ Grapefruit and oranges: sectioned, no seeds</td>
<td></td>
</tr>
<tr>
<td>♦ Pear: sliced or chopped</td>
<td></td>
</tr>
<tr>
<td>♦ Papaya and kiwi: sliced</td>
<td></td>
</tr>
<tr>
<td>♦ Potatoes: hash-browned</td>
<td></td>
</tr>
<tr>
<td>♦ Prunes: stewed, pitted</td>
<td></td>
</tr>
<tr>
<td>♦ Watermelon: sliced or cubed, no seeds</td>
<td></td>
</tr>
</tbody>
</table>
Escoja lo que pueda usar

Comidas de Desayuno Fáciles de Masticar

El niño que pueda masticar moviendo la boca para arriba y para abajo y que puede mover la comida de un lado de la boca hacia el otro con su lengua puede masticar estas comidas. Algunas comidas tal vez tengan que ser picadas o molidas, dependiendo de las habilidades de comer de el niño. Ofrezca comidas de por lo menos tres grupos de alimentos a la hora del desayuno. Esto es importante para tener una dieta balanceada. Sirva una bebida como leche, jugo de fruta o agua a la hora de la comida. Vea la sección del guía de comidas para las cantidades de comida y bebidas que debe tener el niño.

### PANES Y GRANOS
- Cereales secos; con leche
- Sémola de maíz
- “French toast” picado
- Avena y otros cereales cocidos
- “Pancakes” picados
- Pizza de queso con pan suave, picada en pedazos
- Tortillas de harina suaves
- “Waffles” picados
- Pan integral tostado picado en cuatro

### CARNE, POLLO, PAVO, PESCADO, FRIJOLES Y HUEVOS
- Frijoles secos: refritos, de la olla, molidos
- Carne de res molida o encremada
- Huevos: revueltos, tibios, cocidos o picados
- Filete de pescado horneado o cocido
- Salchichas picadas o molidas, con “gravy”
- Tofu

### FRUTAS Y VERDURAS
- Manzana rayada o picada
- Plátanos (guineos) rebanados o picados
- Melón en cubos
- Toronja y naranja; en secciones sin semillas
- Peras rebanadas o picadas
- Papaya y kiwi rebanado
- Papas cocidas y rayadas
- Ciruelas cocidas sin semilla
- Sandía rebanada o en cubos sin semilla

### PRODUCTOS DE LECHE
- Sandwich de queso a la parrilla picado en cuatro
- Queso rebanado o en cubos
- Yogurt

Nutrition Strategies for Children with Special Needs
USC UAP • Children’s Hospital Los Angeles
Maternal and Child Health Bureau
Easy-to-Chew Lunch & Dinner Foods

A child who can chew up and down and move food to the sides of the mouth with the tongue will be able to chew these foods. Depending on your child’s feeding skills, foods may need to be mashed or chopped. For a well-balanced diet, offer foods from at least three or four food groups at lunch and dinner. Serve a beverage such as milk, fruit juice, or water with each meal. See the Food Guidelines section for the amounts of food or beverage to offer a child.

### BREADS & GRAINS
- Bread: sliced or cubed
- Cereals, dry: with milk
- Corn grits
- Macaroni with cheese
- Noodles
- Oatmeal and other hot cereals
- Pizza: soft crust, cut into bite-sized pieces
- Rice and rice casseroles
- Rolls and hamburger or hot dog buns
- Spaghetti: cut up
- Tortillas: soft, flour

### MEAT, POULTRY, FISH, BEANS, & EGGS
- Beans, dry: baked, boiled, refried
- Beef, ground: hamburger, burritos, in stews or soups
- Beef, chopped: with gravy, barbecue sauce
- Beef stew
- Chicken or turkey, chopped: with noodles, in gravy, in salad, baked, stewed
- Eggs: soft cooked, scrambled, in salad, soups
- Fish fillet: baked, poached
- Tofu: plain or with meat or vegetables
- Tuna: plain or in salad or casserole

### FRUITS & VEGETABLES
- Apples: scraped or chopped
- Apricot, peach, and pear: sliced or chopped
- Banana and pineapple: sliced or chopped
- Beans, green: cooked and cut up
- Bok choy: cooked and cut up
- Broccoli: cooked and cut up
- Cantaloupe: cubed
- Carrots: grated raw or cooked soft
- Cherries: pitted, cut in half
- Corn, cream style
- Cucumbers: peeled, chopped
- Grapefruit and oranges: sectioned, no seeds
- Grapes, seedless: cut in half
- Kiwi fruit: sliced or chopped
- Mango: small cubes
- Papaya: small cubes
- Peas: in sauce or casseroles
- Plums: without skin, pitted
- Potatoes: mashed, French-fried, baked
- Spinach: cooked
- Squash: cooked
- Tomatoes: cooked or raw and cut up
- Watermelon: sliced or cubed, no seeds

### DAIRY
- Cheese sandwich: grilled, cut up
- Cheese: cubed, crumbled, shredded
- Cottage cheese
- Yogurt
- Pudding
- Custard
Comidas de Almuerzo y Cena Fáciles de Masticar

El niño que pueda masticar moviendo la boca para arriba y para abajo y que pueda mover la comida de un lado de la boca hacia el otro con su lengua puede masticar estas comidas. Algunas comidas tal vez tengan que ser picadas o molidas, dependiendo de las habilidades de comer del niño. Ofrezca comidas de por lo menos tres grupos de alimentos a la hora de comer. Esto es importante para obtener una dieta balanceada. Sirva una bebida como leche, jugo de fruta, o agua a la hora de la comida. Vea la sección del guía de comidas para las cantidades de comida y bebidas que debe tener el niño.

### PANES Y GRANOS
- Pan: rebanado o en cubos
- Cereal, seco; con leche
- Sémola de maíz
- Macarrón con queso
- Pasta
- Avena y cereales calientes
- Pizza: con pan suave, cortada en pedazos
- Arroz y comidas con arroz
- Pan para hamburguesas y hot dogs
- Spaghetti: picado
- Tortillas; suaves, de harina

### FRUTAS Y VERDURAS
- Manzanas: rayadas o picadas
- Chabacanos, duraznos, y peras: rebanados o picados
- Plátano y piña: rebanadas o picadas
- Frijoles verdes (ejotes): cocidos y picados
- Bok choy: cocido y picado
- Brocoli: cocido y picado
- Melón: en cubos
- Zanahoria: cruda rayada o bién cocida
- Cerezas: sin semilla partidas por mitad
- Maíz en crema
- Pepinos: pelados y picados
- Toronjas y naranjas: en secciones, sin semillas
- Uvas, sin semillas, partidas por mitad
- Kiwi: picado o en rebanadas
- Mango: en cubos pequeños
- Papaya: en cubos pequeños
- Chicharos: en aderezos
- Ciruelas frescas: sin cascara, sin semillas
- Papas: en puré, papas fritas, horneadas
- Espinaca: cocidas
- Calabaza: cocidas
- Tomates: cocidos o picados crudos
- Sandía: rebanada o en cubos, sin semilla

### PRODUCE DEL LECHE
- Sandwich de queso: a la parrilla y cortado
- Queso: en cubos, quebrado, rayado
- Requesón
- Yogurt
- Pudín
- Flan

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Nutrition Strategies for Children with Special Needs

USC UAP • CHILDREN'S HOSPITAL LOS ANGELES

Maternal and Child Health Bureau
Promoting Adequate Intake with Tube Feedings

Some children require tube feeding to get enough energy, fluids, vitamins and minerals. Either their energy needs are so high that they cannot consume enough food and drink in a day, or there are physical problems that make oral feeding unsafe or difficult. Problems that interfere with feeding may be short-term, such as when a child is awaiting surgery to correct a cleft palate or other structural problem. Long-term problems that interfere with feeding include aspiration (liquid or solid food “breathed” into the lungs) or malabsorption (an inability to absorb sufficient nutrients even when adequate amounts of food are eaten).

Goal of Tube Feeding

The goal of tube feeding is to provide enough energy, fluids, vitamins and minerals to keep a child well-nourished and growing properly. Some children will develop adequate oral-motor skills to safely swallow liquid and solid foods, thus “outgrowing” the need for tube feeding. Tube feedings can be stopped after an appropriate level of growth is achieved.

Other children may need a tube feeding for a very long period of time, or for a lifetime. In these children, the amount of formula, food and fluid given in the tube feedings will need to be changed as growth continues and nutritional needs change. Children can be overfed and become overweight on tube feedings. A child getting most of his or her nutrition from tube feedings should visit a physician or nutritionist every six months to monitor growth and diet adequacy.

Types of Feeding Tubes

There are several kinds of tube feedings. A nasogastric (NG) tube is usually used for temporary or short-term tube feedings, often in a hospital before or after surgery. A small thin plastic feeding tube is inserted through the nose, down the back of the esophagus, and into the stomach. The tube has a very small opening and only thin liquids can be fed through a NG tube. If a child is discharged from the hospital on NG tube
feedings, usually the parents or caregiver will be instructed on the proper insertion, placement, cleaning and feeding methods to be used.

If a longer period of tube feeding is anticipated, usually a gastrostomy (G) tube is placed. This is a tube that goes directly from the outside of the skin into the stomach. G tubes are usually placed using surgical techniques, although some procedures are now available that may not require hospitalization. G tubes have a variety of sizes and openings. Usually formula is recommended for G tube feedings, although sometimes liquefied (blenderized) food can be given if the tube is large enough. There are other kinds of feeding tubes that can be inserted lower in the gastrointestinal tract, such as a jejunostomy (J) tube, but these require very specialized diets since the foods are bypassing the digestion that occurs in the stomach.

**Tube Feeding Methods**

Tube feedings may be provided as drip or bolus. If a child has a very limited stomach size, or another problem that limits the amount of formula that can be given at one time, drip feedings are given. Drip feedings provide a continuous amount of formula (for instance, 2 to 3 ounces per hour) over several hours or throughout the day or night. A pump is used to regulate the flow of formula. Overnight feedings are common since the child can be "hooked up" to the feeding tube and a mechanical pump while sleeping. Some older children can wear a portable pump in a backpack device, receiving drip feedings while maintaining the freedom to move around.

Bolus tube feedings are given at distinct times during the day, like mealtimes. Each feeding may provide 4 to 8 ounces or more and take as much time to deliver as a meal (10 to 20 minutes). A child may receive from three to eight feedings per day, depending on his or her age, size and nutritional needs. Regardless of the type of tube feeding, the type and amount of feedings should be prescribed by a doctor and monitored by a nurse, with referral to a nutritionist as needed.
## STRATEGIES
### ...for Children Being Given Tube Feedings

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child being given tube feedings? If so, identify any problems with the tube feedings by asking the child’s parent/caregiver the questions below.</td>
<td>With the parent/caregiver, discuss any concerns and decide when the child’s physician should be contacted. Refer to and/or give the parent/caregiver the appropriate education materials:</td>
</tr>
<tr>
<td>♦ Choose What You Can Use: Ways to Help a Child Who Receives a Tube Feeding</td>
<td></td>
</tr>
<tr>
<td>♦ Choose What You Can Use: Ways to Tell When a Child is Ready To Try Oral Feedings</td>
<td></td>
</tr>
</tbody>
</table>

1. Does the parent/caregiver have concerns or questions about the tube feeding?  
   1. If the answer is yes:  
      ♦ Offer the parent/caregiver a copy of Choose What You Can Use: Ways to Help a Child Who Receives a Tube Feeding.  
      ♦ See the Resources section for additional materials.  

2. Is the gastrostomy (G) tube checked by a health professional every 3 to 6 months?  
   Is the nasogastric tube (NG) tube checked by a health professional every month?  
   2. If the answer is no:  
      ♦ Refer the child to his/her physician so the tube can be checked for proper functioning and the absence of infection or other problems.  

3. Is the child weighed every six months and the amount of food or formula adjusted to the child’s weight?  
   3. If the answer is no:  
      ♦ Recommend that the child see his or her physician for a check-up and request a referral to a nutritionist.  

4. Is the child having diarrhea, reflux, cramping, skin irritation or breakdown, gas, breathing difficulties, vomiting, stomach or intestinal pain?  
   4. If the answer is yes:  
      ♦ The feeding tube may not be functioning properly or the child may have reflux. Recommend that the parent/caregiver contact the child’s nurse or see the child’s physician.  

5. Is the child receiving food by mouth as well as through the feeding tube?  
   5. If the answer is no:  
      ♦ The child may be at risk for aspiration. All children with feeding tubes should have the approval of their physician before initiating any feeding by mouth.  
      ♦ If the child’s parent/caregiver, teacher or therapist thinks that the child may be ready for food by mouth, offer them Choose What You Can Use: Ways to Tell When a Child is Ready to Try Oral Feedings.
If your child is having any trouble with his or her tube feedings, there are ways you can help make feeding a positive experience for your child. Try the suggestions below that apply and work best for you and your child.

- If your child is gaining too much weight, the amount of food or formula given through the tube may need to be changed. Check with your child’s physician or nutritionist before changing the amount.

- If your child is over one year of age and is still receiving infant formula, it may be time to change to a formula made for older children. Ask your child’s physician or nutritionist to recommend the best type of formula for your child.

- If your child is constipated, ask your child’s physician to recommend foods high in fiber or a formula with fiber. A bulk-forming product such as Metamucil™ may be helpful, although some bulk-forming products may clog the tube. Also, adequate fluid intake is important to promote regular bowel movements. Flush the tube with extra water and ask your child’s nurse, nutritionist or physician how much fluid your child needs.

- If your child has a problem with frequent clogging of his or her tube, a balloon-style tube is often best. This type of tube can be removed, rinsed out, and replaced.

- If your baby receives tube feedings, hold your baby during each feeding, if possible. You may want to offer your baby a pacifier during this time.

- Have your child join the family at the table for meal times. This is especially important for children who are beginning to also take food by mouth.
Maneras de Ayudar a un Niño con Tubo Alimenticio

Si su niño está teniendo problemas con el tubo alimenticio, hay cosas que Ud. puede hacer para que la hora de la comida sea una experiencia positiva. Intente de usar los consejos que le apliquen a su niño y use los que mejor funcionan para Ud. y para su niño.

- La cantidad de comida o fórmula necesita cambio si su niño está aumentando demasiado peso. Hable con el médico o con la nutricionista antes de hacer un cambio en la cantidad.

- Si su niño tiene más de un año de edad y todavía está tomando fórmula de bebé, tal vez sea tiempo para cambiar a una fórmula especial para niños mayores. Pida al médico o a la nutricionista que le recomienden el tipo de fórmula que sería mejor para su niño.

- Si su niño está estreñido, pídale al médico que le recomiende comidas altas en fibra o una fórmula con fibra. Algunos productos que engruesan el excremento como el Metamucil™, podrían ayudar a su niño, pero algunos de estos productos podrían tapar el tubo también. Para tener excrementos normales y regulares es muy importante tomar los líquidos apropiados. Lave el tubo con agua extra y pregunte al médico, enfermera o nutricionista cuanto líquido necesita su niño.

- Si el tubo de su niño se tapa con frecuencia, un tubo estilo globo (“balloon-style”) en muchas ocasiones es mejor. Este tipo de tubo se puede quitar, lavar y reemplazar.

- Si su niño recibe comida por el tubo alimenticio y si es posible, trate de agarrar a su niño durante todas las alimentaciones. También ofrezca un chupón al niño durante este tiempo.

- Arrime a su niño a la mesa en las horas de la comida familiar. Para los niños que empiezan a comer por la boca, esto es sumamente importante.
Ways to Tell When a Child Is Ready to Try Oral Feedings

The following guidelines will help parents and health professionals determine if a child is ready to begin the transition from tube to oral feedings. Review the chart below. If you believe the child is ready, contact the child’s physician and obtain his or her approval before offering food or drink by mouth.

<table>
<thead>
<tr>
<th>CHILD READINESS FACTORS</th>
<th>Not Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Does not drool, can close lips and keep liquid in mouth.</td>
<td>◆ Drools a lot, is not able to keep saliva in mouth, has difficulty keeping lips closed.</td>
</tr>
<tr>
<td>◆ Has maintained a steady, normal rate of weight gain and growth for at least six months.</td>
<td>◆ Is not gaining enough weight, is not able to maintain weight on tube feedings.</td>
</tr>
<tr>
<td>◆ Is on bolus feedings.</td>
<td>◆ Is on continuous drip feedings (although some children on drip feedings can begin to take food by mouth).</td>
</tr>
<tr>
<td>◆ Has had a normal swallowing study.</td>
<td>◆ Shows aspiration during a swallowing study.</td>
</tr>
<tr>
<td>◆ Is not experiencing gastroesophageal reflux.</td>
<td>◆ Vomits or shows signs of reflux (such as pain) after being fed.</td>
</tr>
<tr>
<td>◆ Can understand simple commands and make associations between actions and rewards.</td>
<td>◆ Cannot understand simple commands.</td>
</tr>
<tr>
<td>◆ Gag reflex is present.</td>
<td>◆ Oral reflexes (biting, rooting) are present.</td>
</tr>
<tr>
<td>◆ Child is healthy.</td>
<td>◆ Child is frequently ill or is scheduled for surgery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAREGIVER READINESS FACTORS</th>
<th>Not Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ Able to contain child in a feeding seat or at the table.</td>
<td>◆ Child does not remain in one place during a meal.</td>
</tr>
<tr>
<td>◆ At least one caregiver is able to maintain consistent feeding times.</td>
<td>◆ Family does not have consistent eating times.</td>
</tr>
<tr>
<td>◆ Able to tolerate child’s discomfort for short period of time.</td>
<td>◆ Family does not want child to experience any discomfort even if mild or temporary.</td>
</tr>
<tr>
<td>◆ Able to work on another goal for child at this time.</td>
<td>◆ Unable to work on any other goals for child at this time.</td>
</tr>
</tbody>
</table>

Nutrition Strategies for Children with Special Needs

USC UAP • CHILDREN'S HOSPITAL LOS ANGELES

Maternal and Child Health Bureau
Los profesionales de salud y los padres usan la siguiente guía para determinar cuando un niño está listo para hacer la transición del tubo alimenticio a comer por la boca. Revise la siguiente gráfica. Si Ud. cree que su niño está listo para hacer la transición, hable con el médico de su niño y consiga aprobación antes de ofrecer comida o bebida por la boca.

### CONDICIONES PARA DETERMINAR SI UN NIÑO ESTÁ LISTO

<table>
<thead>
<tr>
<th>Listo</th>
<th>No Listo</th>
</tr>
</thead>
<tbody>
<tr>
<td>No babea, puede cerrar los labios y guardar líquidos en la boca.</td>
<td>Babea mucho y no puede guardar saliva en la boca. Es difícil cerrar los labios.</td>
</tr>
<tr>
<td>El niño ha ganado peso y ha crecido normalmente y constante por los últimos seis meses.</td>
<td>No está ganando peso suficiente, no puede mantener su peso con el tubo alimenticio.</td>
</tr>
<tr>
<td>Come mucho a la vez (“bolus” feedings).</td>
<td>Come con un gotero constante (algunos niños con gotero pueden comenzar a comer por la boca).</td>
</tr>
<tr>
<td>Le han hecho una evaluación de su traga y ha salido normal.</td>
<td>Su evaluación de traga muestra que se puede sofocar.</td>
</tr>
<tr>
<td>No tiene bascas o “Gastroesophageal Reflux”</td>
<td>Vomita y da señas de bascas después de haber comido.</td>
</tr>
<tr>
<td>Puede comprender órdenes sencillas y hacer asociaciones con acciones y premios.</td>
<td>No puede comprender órdenes sencillas.</td>
</tr>
<tr>
<td>El reflejo de bascas está presente.</td>
<td>Reflejos orales están presentes (morder, mover la cabeza).</td>
</tr>
<tr>
<td>El niño está sano.</td>
<td>El niño se enferma con frecuencia o va a tener una operación.</td>
</tr>
</tbody>
</table>

### CONDICIONES PARA SABER SI LA PERSONA QUE CUIDA DEL NIÑO ESTÁ LISTO

<table>
<thead>
<tr>
<th>Listo</th>
<th>No Listo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puede mantener al niño en la silla de comer o en la mesa.</td>
<td>El niño no se queda en un solo lugar a la hora de comer.</td>
</tr>
<tr>
<td>Por lo menos una persona que cuida al niño puede darle de comer a una hora fija todos los días.</td>
<td>La familia no tiene hora fija para comer.</td>
</tr>
<tr>
<td>Puede tolerar la incomodidad del niño por un corto tiempo.</td>
<td>La familia no quiere que el niño sea incomodo ni por un corto tiempo.</td>
</tr>
<tr>
<td>Puede trabajar en otras metas para el niño.</td>
<td>No puede trabajar en ninguna otra meta para el niño en este tiempo.</td>
</tr>
</tbody>
</table>
Understanding
	Food Intolerance and Food Allergy

There are several different types of sensitivities or adverse reactions to foods. One type is known as a “food intolerance”; an example is lactose intolerance. Food intolerance does not involve the body’s immune system. Another type is called “food allergy”; food allergies involve the body’s immune system.

Food or Lactose Intolerance

There are several types of food intolerance. The most common types are foodborne illness (food poisoning) and metabolic reactions to food. Foodborne illness can occur when foods containing toxins or harmful bacteria are consumed. This problem is short-term and usually does not produce a chronic condition. Metabolic reactions to food occur when the body cannot adequately digest a portion of the offending food. For example, a child with lactose intolerance does not have enough of the lactase enzyme, which is needed to digest the sugar in milk (called lactose). When milk or other dairy products are consumed, a child without the lactase enzyme will develop nausea, gas and diarrhea. These symptoms usually occur 30 minutes to two hours after a food with lactose is eaten. Some degree of lactose intolerance occurs in about 80 percent of Native Americans, 75 percent of Blacks, 50 percent of Hispanics and 20 percent of Caucasians. The prevalence of lactose intolerance among persons with Asian backgrounds varies from 15 to 100 percent depending on the ethnic group. Lactose intolerance can develop after weaning from breastmilk or later in life and usually does not go away.

Diagnosis and Treatment of Lactose Intolerance

Lactose intolerance can only be confirmed by a medical test. A positive test does not mean all lactose must be eliminated from the diet. Often some milk and milk products can be eaten without symptoms. Yogurt with active cultures and aged cheese (such as cheddar or Swiss) have less lactose and can usually be eaten. The amount of lactose can be reduced in some milk and dairy products. Special reduced-lactose milk (one brand is Lactaid®) is available in many grocery stores. Since milk and milk products are excellent sources of protein, calcium, riboflavin and vitamin
D, these foods should be avoided only when absolutely necessary. When milk products are restricted, children need calcium and vitamin D from other food sources or supplements.

**Food Allergy**

A food allergy is an adverse reaction that involves the body’s immune system. Allergic reactions to foods begin within minutes to a few hours after eating the offending food. The reaction can affect one or more systems: gastrointestinal (diarrhea), respiratory (breathing difficulties) and/or skin (rash). Usually for an allergic reaction to occur, antigens (often protein) from the food must be absorbed from the gut. Sometimes just smelling or touching the food causes a reaction. The immune system reacts to the antigens and produces an allergic response. In persons with a family history of allergies, or in infants with an immature GI tract, allergies are more common. Most reactions are caused by just a few foods: milk, soy, egg, wheat, peanut products, nuts, shellfish and fish.

**Diagnosis and Treatment of Food Allergy**

A physician with a specialty in allergy or immunology is best qualified to determine if a child’s symptoms are related to a food allergy or to another disorder. If a food is found to cause symptoms, it must be eliminated from the diet. Very sensitive children will need to omit all forms of the food. Restricted foods may be “hidden” in the diet in unfamiliar forms. A chart follows to help those people with known allergies to identify and avoid foods made with milk, egg, or wheat. The chart lists foods to avoid, how the food may be listed on the label, and substitute foods. The substitute foods may not have the same nutrient content. If a child must avoid a basic food such as milk, referral to a nutritionist is recommended. The nutritionist will recommend foods to the family that can take the place of milk to meet the child’s nutrition needs.

**Prevention of Food Allergy**

If one child in a family has a food allergy, subsequent children are at increased risk. Breastfeeding the new baby for 4 to 6 months (with no other foods given) may prevent the development of the allergy. Also, some children “outgrow” allergies. Foods that caused an allergic reaction when introduced at an early age may be tolerated later. It is important to consult a physician to determine if foods can be reintroduced at a later age.
### STRATEGIES

...for Children with Food Intolerance or Allergy

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have a physiological reaction (breathing difficulties, vomiting, rash) or other reaction (gas, bloating, diarrhea) to specific foods? If yes, determine if these reactions are making it difficult to obtain adequate nutrition by asking the child’s parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and the education materials in this section:</td>
</tr>
<tr>
<td>1. Has the parent/caregiver discussed the symptoms with the child’s physician?</td>
<td>♦ Choose What You Can Use: Food Selection for a Child With Milk, Egg or Wheat Allergy</td>
</tr>
<tr>
<td>2. Are certain foods being eliminated from the child’s diet to avoid an allergic reaction?</td>
<td>♦ If not:</td>
</tr>
<tr>
<td>3. If the child has a lactose intolerance, is the child able to eat/drink dairy products in any quantity?</td>
<td>♦ Encourage the parent/caregiver to discuss their concerns about food allergies or intolerance with the child’s physician before eliminating or avoiding foods.</td>
</tr>
<tr>
<td></td>
<td>♦ Make sure that the parent/caregiver has received information and has a plan to provide appropriate substitutes for the food to be avoided.</td>
</tr>
<tr>
<td></td>
<td>♦ Refer the child to a registered dietitian if the parent/caregiver needs more information on how to meet the child’s nutrition needs.</td>
</tr>
<tr>
<td>4. Has a physician diagnosed the child with a specific food allergy to any of the following?</td>
<td>♦ If not, remind the parent/caregiver that:</td>
</tr>
<tr>
<td>♦ Cow’s milk protein (casein, whey)</td>
<td>♦ Sometimes children and adults with lactose intolerance can tolerate small amounts of milk and dairy products at a time.</td>
</tr>
<tr>
<td>♦ Eggs</td>
<td>♦ Fermented and aged dairy products, such as yogurt and hard cheese, have very little lactose remaining. Use these foods to provide the 2 to 3 servings per day of dairy foods recommended. Or, try a lactose-reduced product, such as Lactaid®, (milk which has the lactose removed).</td>
</tr>
<tr>
<td>♦ Wheat</td>
<td>♦ If the answer is yes:</td>
</tr>
<tr>
<td>♦ Soy protein</td>
<td>♦ Make sure that the parent/caregiver has received information/education materials and has a plan to provide appropriate substitutes for the food(s) to be avoided.</td>
</tr>
<tr>
<td></td>
<td>♦ Refer the child to a registered dietitian if the parent/caregiver needs more information on how to meet the child’s nutritional needs.</td>
</tr>
</tbody>
</table>
**Food Selection for a Child with Milk, Egg or Wheat Allergy**

**FOOD SELECTION IN MILK ALLERGY** (not for lactose intolerance)

<table>
<thead>
<tr>
<th>Foods to avoid</th>
<th>Milk may be listed on food label as</th>
<th>Substitutes* for milk products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Baked items</td>
<td>• Margarine</td>
<td>• Kosher hot dogs or cold-cuts</td>
</tr>
<tr>
<td>(many)</td>
<td>(some types)</td>
<td>• Milk-free whipped toppings</td>
</tr>
<tr>
<td>• Butter</td>
<td>• Mashed potatoes made with milk</td>
<td>• Milk-free margarine</td>
</tr>
<tr>
<td>• Cheese</td>
<td>• Milk chocolate</td>
<td>• Product labeled “Parve” or “Pareve”</td>
</tr>
<tr>
<td>• Cocoa mixes</td>
<td>• “Non-dairy” products (many)</td>
<td>• Protein hydrolysate formula for infants</td>
</tr>
<tr>
<td>• Creamed soups/sauces</td>
<td>• Salad dressings (some)</td>
<td>• Rice beverage</td>
</tr>
<tr>
<td>• Custard</td>
<td>• Sherbet</td>
<td>• Soy beverages</td>
</tr>
<tr>
<td>• Gravy (some types)</td>
<td>• Yogurt</td>
<td>• Soy formula</td>
</tr>
<tr>
<td>• Hot dogs, cold cuts, sausages (some)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ice Cream</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOOD SELECTION IN EGG ALLERGY**

<table>
<thead>
<tr>
<th>Foods to avoid</th>
<th>Eggs may be listed on food label as</th>
<th>Substitutes* for egg products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Batter-fried foods</td>
<td>• Mayonnaise</td>
<td>• Egg-free baked goods</td>
</tr>
<tr>
<td>• Custards</td>
<td>• Meringues</td>
<td>• Egg substitutes made without egg</td>
</tr>
<tr>
<td>• Egg noodles</td>
<td>• Many baked goods</td>
<td>• Imitation mayonnaise</td>
</tr>
<tr>
<td>• Egg substitutes (some, like Egg-Beaters)</td>
<td>• Pancakes and waffles</td>
<td>• Spaghetti or other egg-free noodles</td>
</tr>
<tr>
<td>• French toast</td>
<td>• Puddings</td>
<td></td>
</tr>
<tr>
<td>• Hollandaise sauce</td>
<td>• Salad dressings (some)</td>
<td></td>
</tr>
</tbody>
</table>

* Some of the foods listed as substitutes do not provide the same nutrients needed for growth and development. From: Nutrition News 9/87

continued on back
# FOOD SELECTION IN WHEAT ALLERGY

<table>
<thead>
<tr>
<th>Foods to avoid:</th>
<th>Wheat may be listed on food label as:</th>
<th>Substitutes* for wheat products:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Baked goods (most types)</td>
<td>♦ Flour</td>
<td>♦ Cooked cereals (many)</td>
</tr>
<tr>
<td>♦ Baking mixes</td>
<td>♦ Gluten</td>
<td>♦ Corn pasta</td>
</tr>
<tr>
<td>♦ Bread (most types)</td>
<td>♦ Malted cereal syrup</td>
<td>♦ Corn tortillas</td>
</tr>
<tr>
<td>♦ Breading on fried foods</td>
<td>♦ Modified food starch</td>
<td>♦ Rice cakes and crackers</td>
</tr>
<tr>
<td>♦ Pancakes and waffles</td>
<td>♦ Vegetable gums</td>
<td>♦ Some cold cereals</td>
</tr>
<tr>
<td>♦ Candies (many types)</td>
<td>♦ Vegetable starch</td>
<td>♦ Specialty breads (wheat-free)</td>
</tr>
<tr>
<td>♦ Cold cereals (many)</td>
<td>♦ Wheat bran</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Wheat germ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Wheat starch</td>
<td></td>
</tr>
</tbody>
</table>

* Some of the foods listed as substitutes do not provide the same nutrients needed for growth and development. From: Nutrition News 9/87
Selección de Comidas para el Niño con Alergias de Leche, Huevos o Trigo

**Selección de Comidas para el Niño con Alergia a la Leche**
(no para los que no toleran lactosa)

<table>
<thead>
<tr>
<th>Comidas para evitar:</th>
<th>Leche puede aparecer en las etiquetas de comida como:</th>
<th>Substitutos* para los productos de leche:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Productos horneados (hay muchos)</td>
<td>• Puré de papas con leche</td>
<td>• Fiambrés y salchichas Kosher</td>
</tr>
<tr>
<td>• Mantequilla</td>
<td>• Chocolate (en leche)</td>
<td>• &quot;Whipped topping&quot; sin leche</td>
</tr>
<tr>
<td>• Queso</td>
<td>• Productos no lacteos (non-dairy)</td>
<td>• Margarina sin leche</td>
</tr>
<tr>
<td>• Sopas encremadas</td>
<td>• Aderezos para ensaladas</td>
<td>• Productos con la etiqueta &quot;Parve&quot; o &quot;Pareve&quot;</td>
</tr>
<tr>
<td>• Aderezos estilo &quot;gravy&quot;</td>
<td>• Helados de fruta (estilo sherbet)</td>
<td>• Formula protein hydrolysate para infantes</td>
</tr>
<tr>
<td>• Salchichas, fiambrés</td>
<td>• Yogurt</td>
<td>• Bebidas de arroz</td>
</tr>
<tr>
<td>• Nieve (helado)</td>
<td></td>
<td>• Bebidas de soya</td>
</tr>
<tr>
<td>• Margarina (algunas)</td>
<td></td>
<td>• Formula de soya</td>
</tr>
</tbody>
</table>

**Selección de Comidas para el Niño con Alergia al Huevo**

<table>
<thead>
<tr>
<th>Comidas para evitar:</th>
<th>El huevo puede aparecer en las etiquetas de comida como:</th>
<th>Substitutos* para los productos de huevo:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comidas empanisadas y fritas</td>
<td>• Mayonesa</td>
<td>• Panes horneados sin huevo</td>
</tr>
<tr>
<td>• Flanes</td>
<td>• Merengues</td>
<td>• Substituto de huevo hecho sin huevo</td>
</tr>
<tr>
<td>• Pastas hechas con huevo</td>
<td>• Muchos productos horneados</td>
<td>• Imitación de mayonesa</td>
</tr>
<tr>
<td>• Substituto de huevo (como eggbeaters)</td>
<td>• &quot;Pancakes&quot; y &quot;waffles&quot;</td>
<td>• Pastas hechas sin huevos</td>
</tr>
<tr>
<td>• &quot;French toast&quot;</td>
<td>• Pudines</td>
<td></td>
</tr>
<tr>
<td>• Salsa Hollandaise</td>
<td>• Algunos aderezos para ensaladas</td>
<td></td>
</tr>
</tbody>
</table>

*Algunas de las comidas substitutas no provienen la misma nutrición que se necesita para el crecimiento y desarrollo.

Nutrition Strategies for Children with Special Needs

USC UAP • CHILDRENS HOSPITAL LOS ANGELES

Maternal and Child Health Bureau
<table>
<thead>
<tr>
<th>Comidas para evitar</th>
<th>El trigo puede aparecer en las etiquetas de comida como:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Productos de pan (casi todos)</td>
<td>● Harina</td>
</tr>
<tr>
<td>● Pan (casi todos)</td>
<td>● Gluten</td>
</tr>
<tr>
<td>● Pan en comidas fritas</td>
<td>● “Malted cereal syrup”</td>
</tr>
<tr>
<td>● “Pancakes” y “waffles”</td>
<td>● “Modified food starch”</td>
</tr>
<tr>
<td>● Dulces (muchos)</td>
<td>● “Vegetable gums”</td>
</tr>
<tr>
<td>● Cereales frios</td>
<td>● Almidón de vegetales (“vegetable starch”)</td>
</tr>
<tr>
<td>● Cereales cocidos (algunos)</td>
<td>● Salvado de trigo</td>
</tr>
<tr>
<td>● Galletas saladas (casi todas)</td>
<td>● Germen de trigo</td>
</tr>
<tr>
<td>● Aderezo estilo “gravy”</td>
<td>● Almidón de trigo</td>
</tr>
<tr>
<td>● Pastas</td>
<td></td>
</tr>
<tr>
<td>● Salchichas (algunas)</td>
<td></td>
</tr>
<tr>
<td>● Sopas (muchas)</td>
<td></td>
</tr>
<tr>
<td>● Salsa soya</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substitutos* para los productos de trigo:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Cereales cocidos (muchos)</td>
</tr>
<tr>
<td>● Pasta de maíz</td>
</tr>
<tr>
<td>● Tortillas de maíz</td>
</tr>
<tr>
<td>● Galletas de arroz</td>
</tr>
<tr>
<td>● Algunos cereales frios</td>
</tr>
<tr>
<td>● Panes especiales (sin trigo)</td>
</tr>
</tbody>
</table>

*Algunas de las comidas sustitutas no provén la misma nutrición que se necesita para el crecimiento y desarrollo.

---

*Nutrition Strategies for Children with Special Needs*  
USC UAP • CHILDREN'S HOSPITAL LOS ANGELES  
Maternal and Child Health Bureau
Promoting Healthy Digestion and Elimination

Any child who is inactive and/or does not eat enough high-fiber foods or drink enough fluids can be at risk for constipation. Children who are prone to infections or intolerance to some foods or medications may develop diarrhea. Children with special needs can be especially vulnerable to constipation or diarrhea because of decreased mobility, feeding problems that make it difficult to eat foods high in fiber or because of the need for chronic medication. The best treatment for both these problems is prevention. If a child does get constipation or diarrhea, there are ways that parents and caregivers can help.

Constipation

Constipation is defined as the infrequent or difficult passage of hard, dry stools not associated with acute illness. Constipation can be painful and is a problem for many children with poor muscle tone, who are inactive, or who take medications that relax muscles.

Recommendations for preventing and treating constipation are the same: eat high-fiber foods, increase fluids (especially water) and boost physical activity. Fiber absorbs the water, which adds bulk to the stool. A bulky stool moves more easily through the bowel (lower intestine). Regular physical activity improves muscle tone overall and encourages movement of waste material in the bowel.

Diarrhea

Diarrhea is defined as frequent, watery bowel movements and is caused by a number of factors, from viral or bacterial infections, food intolerance, sudden changes in foods eaten, and nervous excitement to medications, artificial sweeteners, or some inherited diseases. Acute (short-term) diarrhea is most often associated with an infection or viral illness and may lead to dehydration or excessive water and mineral loss. This is usually treated with rehydration fluids and resolves when the illness is over. Chronic (long-term) diarrhea is defined as frequent and fluid bowel movements not associated with acute illness or medication. Chronic diarrhea can eventually lead to malnutrition because nutrients are not absorbed when waste material moves too quickly through the bowel.
The goal in treating diarrhea is to return the child to normal body function as soon as possible. For acute diarrhea, treatment involves resting the bowels. This means drinking only water or rehydration fluids and not eating for 24 hours or less. As tolerated, other liquids and foods are then added to promote rehydration and normal stool formation. Treatment for chronic diarrhea is initially the same as that for acute diarrhea. However, if this regimen does not work, children need to see a physician or gastroenterologist to find the cause and to begin appropriate treatment for chronic diarrhea.

Parents can take several steps to prevent diarrhea from bacterial infections or other causes. Washing hands frequently, handling foods properly, and serving appropriate foods and drinks are the best ways to help children avoid problems with diarrhea.
STRATEGIES
...for Children with Constipation

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have infrequent stools (less than once a day) or difficult passage of hard, dry stools not associated with acute illness or the medication they are taking? If yes, identify possible causes of constipation by asking the child’s parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and the education materials in this section:</td>
</tr>
<tr>
<td>♦ Choose What You Can Use: Ways to Help a Child Who Has Constipation</td>
<td></td>
</tr>
<tr>
<td>♦ Choose What You Can Use: Ways to Help Your Child Get Enough Fluids</td>
<td></td>
</tr>
<tr>
<td>♦ Is Your Child Constipated? (WIC brochure)</td>
<td></td>
</tr>
</tbody>
</table>

1. Is the child given water throughout the day? Is a food containing water (soup, fruit, vegetable) given at every meal and snack?

1. If the answer is no:
♦ Offer at least two to four ounces (⅛ to ½ cup) water at meals and snacks.
♦ Encourage children to drink fluids throughout the day, using a straw or special cup to make it fun.
♦ Review the educational material Choose What You Can Use: Ways to Help Your Child Get Enough Fluids in this section.

2. Is the child eating a high-fiber food at every meal?

2. If the answer is no:
♦ Offer one high-fiber food at every meal and snack: fresh fruits or vegetables (except bananas or applesauce); whole grain cereal or bread; dried peas or beans (cooked).
♦ See Choose What You Can Use: Ways to Help a Child Who Has Constipation for a list of foods high in fiber.

3. Is the child drinking lots of milk and eating few solid foods?

3. If the answer is yes:
♦ Discuss an appropriate amount of milk for this child.
♦ Suggest water and dilute juice as alternatives to milk.

Continued on next page
<table>
<thead>
<tr>
<th><strong>ASSESS FURTHER</strong></th>
<th><strong>PLAN FOR ACTION</strong></th>
</tr>
</thead>
</table>
| 4. Do liquids spill from mouth before the child can swallow them? | 4. If the answer is yes:  
♦ Suggest thickening liquids with pureed fruit (e.g., baby food) or plain yogurt for easier swallowing.  
♦ Suggest better positioning to improve the chance of swallowing (see *Feeding Positions* education material in the *Feeding Skills* section). |
| 5. Is the child as physically active as he or she is able? | 5. If the answer is no:  
♦ Discuss ways that the child can be more active, indoors and outdoors. |
| 6. Is the child taking medication that relaxes muscles such as valium? | 6. If the answer is yes:  
♦ Explain that this can contribute to constipation.  
♦ Emphasize higher-fiber foods, plenty of fluids, and physical activity to counteract this effect. |
**STRATEGIES**

...for Children with Diarrhea

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have frequent loose or watery stools not associated with acute illness or chronic medication? If yes, identify the type and possible causes of diarrhea by asking the parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and the education materials in this section:</td>
</tr>
</tbody>
</table>

- **Choose What You Can Use: Ways to Help a Child Who Has Diarrhea**
- **Choose What You Can Use: Ways to Help Your Child Get Enough Fluids**

<table>
<thead>
<tr>
<th>1. Does the child have loose or watery stools once in a while, for less than two days at a time?</th>
<th>1. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♦ Follow the regimen for acute diarrhea described in Choose What You Can Use: Ways to Help a Child Who Has Diarrhea.</td>
</tr>
<tr>
<td></td>
<td>♦ Tell the parent/caregiver to notify the child’s physician if the diarrhea does not stop within 48 hours.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Does the child have loose or watery stools every day for more than two days at a time?</th>
<th>2. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>♦ Refer the child to his or her regular physician and/or a registered dietitian.</td>
</tr>
<tr>
<td></td>
<td>♦ Meanwhile, follow the regimen for chronic diarrhea described in Choose What You Can Use: Ways to Help a Child Who Has Diarrhea.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Is the child eating many high-fiber foods?</th>
<th>3. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the Dietary Screening Tool <em>Foods My Child Eats</em> and the Food Guidelines section.</td>
<td>♦ Take a break from high-fiber and other solid foods for 24 hours at the most.</td>
</tr>
<tr>
<td></td>
<td>♦ Then, offer the following high-fiber foods less often: fresh fruits or vegetables (except bananas or applesauce); whole grain cereal or bread; dried peas or beans (cooked).</td>
</tr>
<tr>
<td></td>
<td>♦ If the diet is also low in fat, try adding higher fat foods (peanut butter, cheese, avocado, buttered popcorn).</td>
</tr>
</tbody>
</table>
Ways to Help a Child Who Has Constipation

If your child is constipated, here are some ways you can help him or her get back to normal.

OFFER ENOUGH FLUIDS
It takes effort to get most children (and adults) to drink enough fluids each day. Try these tips:

◆ Offer at least two to four ounces (¼ to ½ cup) water between meals and snacks.
◆ When your child asks for food, offer water first.
◆ Let your child use a straw or special cup to make drinking fun.

ENCOURAGE ACTIVITY
Daily physical activity helps your child digest food and get rid of body wastes in a healthy way.

◆ Children can be active indoors or outdoors.
◆ Help your child move as much as he or she can.
◆ All forms of activity are helpful: crawl, walk, run, dance, jump, play active games, ride a tricycle.

LIMIT MILK
Children who drink more than 32 ounces of milk develop constipation more often.

◆ Ask a doctor, nutritionist, or nurse how much milk your child needs. Most children need 16 to 24 ounces (2 to 3 cups) a day.
◆ Offer water or dilute juice instead of milk.

OFFER FOODS HIGH IN FIBER
◆ Offer one high-fiber food at every meal and snack
  (see box on reverse).

continued on back
### Choose What You Can Use

#### HIGH FIBER FOODS

<table>
<thead>
<tr>
<th>Vegetables</th>
<th>Fruits</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Baked potato with skin</td>
<td>♦ Apple with peel, pear, peach, berries</td>
</tr>
<tr>
<td>♦ Carrot, beet, turnip, jicama</td>
<td>♦ Any other fresh fruit (except bananas)</td>
</tr>
<tr>
<td>♦ Leafy greens, bok choy</td>
<td>♦ Dried fruit (prunes, apricots, raisins, figs, etc.)</td>
</tr>
<tr>
<td>♦ Peas, corn, squash</td>
<td></td>
</tr>
</tbody>
</table>

#### Bread, Cereal, Rice & Pasta

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Breads, crackers and pasta made from whole grains (whole wheat, corn, rye, millet, oats, barley)</td>
</tr>
<tr>
<td>♦ Corn tortillas</td>
</tr>
<tr>
<td>♦ Brown rice, barley, bulgur wheat</td>
</tr>
<tr>
<td>♦ Bran cereals (All-Bran, Raisin Bran, Bran Chex)</td>
</tr>
<tr>
<td>♦ Hot cereals (oatmeal, 9-grain)</td>
</tr>
<tr>
<td>♦ Bran muffins</td>
</tr>
<tr>
<td>♦ Wheat germ (add to cereal)</td>
</tr>
</tbody>
</table>

#### Beans & Nuts

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Dried beans, cooked (garbanzos, pintos, kidney beans, black beans, split peas, lentils, etc.)</td>
</tr>
<tr>
<td>♦ Crunchy peanut butter</td>
</tr>
<tr>
<td>♦ Nuts and seeds (for younger children, grind nuts and seeds to prevent choking)</td>
</tr>
</tbody>
</table>

---

*Nutrition Strategies for Children with Special Needs*

**USC UAP • CHILDREN'S HOSPITAL LOS ANGELES**

Maternal and Child Health Bureau
Maneras de Ayudar a un Niño con Estreñimiento

Estas son algunas sugerencias para ayudar a un niño que está estreñido.

**OFREZCA SUFICIENTES LÍQUIDOS**
Es difícil asegurar de que los niños (y los adultos) tomen suficiente líquido todos los días. Use estos consejos.

- Ofrezca por lo menos dos a cuatro onzas (¼ a ½ taza) de agua entre comidas.
- Cuando su niño le pida comida, ofrézcale agua primero.
- Para hacer las bebidas más divertidas deje que su niño use un popote (palillo) o una taza especial.

**ANIME A SU NIÑO PARA QUE SEA MÁS ACTIVO FÍSICAMENTE**
La actividad física diariamente ayuda a su niño con la digestión y con la evacuación del vientre (hacer excremento).

- Los niños pueden ser activos dentro y fuera de la casa.
- Anime a su niño a que se mueva lo más que pueda.
- Todas las formas de actividad son buenas: gatear, caminar, correr, bailar, saltar, jugar juegos, andar en tricicleta.

**LÍMITE LA LECHE**
Los niños que toman más de 32 onzas de leche por día, sufren de estreñimiento más seguido.

- Pregunte al médico, enfermera o nutricionista cuanta leche necesita su niño. La mayoría de los niños necesitan 16 a 24 onzas (2 a 3 tazas) por día.
- Ofrezca agua o jugo con agua en vez de leche.

**OFREZCA COMIDAS ALTAS EN FIBRA**
- En cada comida y hora de un bocadillo, ofrezca una comida alta en fibra (*vea la caja en el reverso*).
## Escoja Lo Que Pueda Usar

### Comidas Altas en Fibra

<table>
<thead>
<tr>
<th>Verduras</th>
<th>Frutas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papas al horno sin pelar</td>
<td>Manzana sin pelar, peras, duraznos (melocotones), moras</td>
</tr>
<tr>
<td>Zanahoria, betabel (remolacha), nabos, jicama</td>
<td>Todas las otras frutas (menos los plátanos)</td>
</tr>
<tr>
<td>Hojas verdes, bok choy</td>
<td>Frutas secas (ciruelas, pasas, chabacanos, albaricoques, higos, etc.)</td>
</tr>
<tr>
<td>Chicharos, maíz, calabaza</td>
<td></td>
</tr>
</tbody>
</table>

### Panes, Cereales, Pastas, y Arroz

- Panes, galletas saladas y pastas hechas de grano entero (trigo integro, maíz, centeno, abena, millo, cebada)
- Tortillas de maíz
- Arroz moreno, cebada, trigo bulgur
- Cereales de salvado (All-Bran, Raisin Bran, Bran Chex)
- Cereales calientes (avena, 9-grain)
- Panecillos de salvado (bran)
- Germen de trigo (agregado a los cereales)

### Frijoles y Nueces

- Frijoles cocidos (garbanzos, pintos, frijol rojo, frijol negro, chicharos, lentejas, etc.)
- Crema de maní (cacahuate) estilo “chunky”
- Nueces y semillas (para los niños pequeños hay que moler las nueces para prevenir sofocaciones)
Ways to Help a Child Get Enough Fluids

Getting enough fluids every day is important for good health. Here are some ways you can help your child accept fluids. Try several to find what works best for your child.

- Drink water with your child.
- Offer small, frequent sips.
- Offer fluids separate from meals.
- Let your child use a straw or special cup.
- Offer foods that become liquid at room temperature, such as:
  - Fruit ice
  - Gelatin, fruit-flavored
  - Ice cream
  - Sherbet
  - Fruit juice popsicles
- Offer solid foods that are high in fluids, such as:
  - Yogurt
  - Cottage cheese
  - Pudding
  - Custard, junket
  - Fruits and vegetables (canned, frozen, fresh, cooked or raw)
  - Baby foods
- Thicken liquid foods:
  - Add crackers to soups and stews.
  - Make a shake out of juice or milk by adding fruit and ice cream or frozen yogurt.

Use this chart to find out how much fluid your child needs each day:

<table>
<thead>
<tr>
<th>BODY WEIGHT</th>
<th>TOTAL AMOUNT OF FLUIDS NEEDED IN 24 HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pounds (lbs)</td>
<td>Kilograms (kg)</td>
</tr>
<tr>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>12</td>
<td>5.5</td>
</tr>
<tr>
<td>21</td>
<td>9.5</td>
</tr>
<tr>
<td>26</td>
<td>11.8</td>
</tr>
<tr>
<td>36</td>
<td>16.4</td>
</tr>
<tr>
<td>44</td>
<td>20.0</td>
</tr>
<tr>
<td>63</td>
<td>28.6</td>
</tr>
<tr>
<td>99</td>
<td>45.0</td>
</tr>
<tr>
<td>119</td>
<td>54.1</td>
</tr>
</tbody>
</table>
Maneras de Ayudar a un Niño a Recibir Suficiente Líquido

Tomar suficiente líquido todos los días es importante para la salud. Estos son algunos consejos para que su niño acepte más líquidos. Trate de usar varias maneras de dar líquidos para enterarse cual manera funciona mejor para su niño.

Tome agua junto con su niño.

Ofrezca tragitos de agua frecuentemente.

Deje que su niño use un popote (palillo) o una taza especial.

Ofrezca comidas que se convierten en líquido fuera del refrigerador, por ejemplo:
- Helado de fruta
- Gelatina (sabores de frutas)
- Nieve
- Refresco de frutas (“sherbet”)
- Paletas de fruta

Ofrezca comidas sólidas que contienen mucho líquido, por ejemplo:
- Yogurt
- Requesón
- Pudín
- Flan
- Frutas y verduras (enlatadas, congeladas, frescas, crudas o cocidas)
- Comida de bebé

Si es difícil para su niño tomar líquidos, espese los líquidos.
- Agregue galletas saladas a los caldos y sopas.
- Prepare licuados de jugo o leche y agréguele frutas, nieve o yogurt congelado.

Para saber cuanto líquido necesita su niño todos los días, use este cuadro:

<table>
<thead>
<tr>
<th>PESO DEL NIÑO</th>
<th>CANTIDAD DE LÍQUIDO QUE SE NECESITA EN 24 HORAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Libras (lbs)</td>
<td>Kilos (kg)</td>
</tr>
<tr>
<td>7</td>
<td>3.2</td>
</tr>
<tr>
<td>12</td>
<td>5.5</td>
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<tr>
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</tr>
<tr>
<td>119</td>
<td>54.1</td>
</tr>
</tbody>
</table>

*Nutrition Strategies for Children with Special Needs*
Identifying Gastrointestinal Problems

Children who regularly experience pain or discomfort before, during, or after feeding often refuse foods and do not get adequate nutrition. Since children often are not able to describe their discomfort, identifying gastrointestinal (GI) problems can be difficult. In very young children, determining the cause of their apparent distress (which usually results in crying or vomiting) is often a guessing game. In older children who can talk, symptoms are often over-generalized and may be described as “not hungry,” “it hurts,” “stomach ache,” etc. There are several conditions that may result in these kinds of symptoms for children.

Gastroesophageal Reflux or GER

The first and most common problem is gastroesophageal reflux, often called just reflux, or GER, for short. This condition arises when stomach acid “refluxes,” or washes back up, into the lower esophagus or throat. The membrane lining the esophagus becomes irritated and/or inflamed, causing a burning sensation. In adults this is called “heartburn.” Some reflux is normal in all infants because of the size and position of the esophagus and stomach in a newborn baby. Reflux is what causes babies to spit up small amounts after feedings. However, if reflux persists, it can lead to chronic vomiting, pain and an inflamed esophagus. Since there are different reasons reflux can continue beyond infancy, it must be diagnosed by a physician, usually a pediatric gastroenterologist.

Other Causes of Vomiting

Other physical problems, though much less common, can cause frequent vomiting. These include some type of blockage in the intestine, problems with gastrointestinal secretions, and allergic reactions to foods. Also, vomiting, loss of appetite, or nausea are frequent side effects of common medications, including methylphenidate (Ritalin®), clonazepam (Klonopin®), phenytoin (Dilantin®), phenobarbital, and some antibiotics. Treatment of vomiting will vary depending on the different causes, so getting the advice of a physician is necessary.
Sometimes vomiting after or between meals is a conditioned reaction. In other words, children who once had physical discomfort associated with mealtimes, but in whom the problem is resolved, continue to vomit voluntarily or out of habit.

If no physical problem can be found which might cause vomiting, a team approach to working with the family and child is often helpful. A behaviorist is trained to help children overcome their fears of pain while eating, which can reduce vomiting behaviors.

Whatever the reason, persistent vomiting should not go untreated. Any child who has a vomiting problem should be referred for help.
### STRATEGIES... for Children with Regular Vomiting

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
</table>
| Is the child vomiting all or part of a feeding on a daily basis? If so, identify possible causes by asking the child’s parent/caregiver the questions below. | With the child’s parent/caregiver, develop a plan using the suggestions below and the education materials in this section:  
♦ Choose What You Can Use: Ways to Help a Child Decrease Vomiting (Anti-reflux Precautions) |
| 1. Has the child been vomiting only recently (currently, or during the last 2 to 3 days)? | 1. If the answer is yes:  
♦ The vomiting is probably a result of an acute illness.  
♦ If the child continues to vomit for more than two days, she or he should see a physician to prevent dehydration and determine the cause of the vomiting.  
♦ If vomiting is accompanied by a high fever, the child should be taken to the physician or an emergency room immediately. |
| 2. Does the child vomit at least once a day?                                   | 2. If the answer is yes:  
♦ Remind parents that the nutrition lost from vomiting could impact a child’s ability to obtain adequate nutrition for proper health and growth.  
♦ The reason(s) for the vomiting should be evaluated by a physician.  
♦ In the meantime, give the parent/caregiver the education material in this section. |
| 3. Does the child vomit only a small amount (less than 1 tablespoon) at a time? | 3. If the answer is yes:  
♦ The vomiting may not be interfering with the child’s ability to achieve good nutritional status.  
♦ If the child vomits frequently (more than once a day) the reason for the vomiting should still be investigated; refer the child to a physician to determine if he or she has reflux.  
♦ Give the parent/caregiver the education material in this section. |

*Continued on next page*
<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Does the child vomit only with certain foods?</td>
<td>4. If the answer is yes:</td>
</tr>
<tr>
<td></td>
<td>♦ Determine which foods cause vomiting. If the foods are rarely eaten, advise the parent/caregiver</td>
</tr>
<tr>
<td></td>
<td>to avoid giving the child those foods.</td>
</tr>
<tr>
<td></td>
<td>♦ Suggest alternative foods that would provide similar nutrition, by referring to Food Guidelines</td>
</tr>
<tr>
<td></td>
<td>section. For example, if the child vomits after eating oranges, suggest another fruit or</td>
</tr>
<tr>
<td></td>
<td>vegetable containing vitamin C, such as broccoli, mango or strawberries.</td>
</tr>
<tr>
<td></td>
<td>♦ If the food which causes vomiting is a major source of nutrition for the child (such as formula</td>
</tr>
<tr>
<td></td>
<td>or milk or a frequently prepared family dish), refer the child to a physician and a nutritionist.</td>
</tr>
<tr>
<td></td>
<td>They will determine if there is a food intolerance or allergy and what foods can be appropriately</td>
</tr>
<tr>
<td></td>
<td>substituted.</td>
</tr>
<tr>
<td>5. Does the child vomit while sleeping?</td>
<td>5. If the answer is yes:</td>
</tr>
<tr>
<td></td>
<td>♦ Refer the child to the regular physician for an evaluation.</td>
</tr>
<tr>
<td></td>
<td>♦ Give the parent/caregiver the education material in this section.</td>
</tr>
<tr>
<td>6. Does the child do anything to make him/herself vomit (e.g., gagging or</td>
<td>6. If the answer is yes:</td>
</tr>
<tr>
<td>putting a finger in the mouth)?</td>
<td>♦ The child may benefit from an evaluation by a feeding team to determine if the problem is physical</td>
</tr>
<tr>
<td></td>
<td>or behavioral or has a combination of causes.</td>
</tr>
<tr>
<td></td>
<td>♦ To rule out physical problems, refer the child to the regular physician or a pediatric</td>
</tr>
<tr>
<td></td>
<td>gastroenterologist.</td>
</tr>
</tbody>
</table>
Iron-deficiency anemia is a condition in which the blood has inadequate amounts of either red blood cells (RBCs) or hemoglobin. Hemoglobin is the oxygen-containing pigment (color) in RBCs. Premature infants and children with developmental delays are at risk for anemia. Anemia may cause a child to feel tired, look pale, not feel like eating, have headaches, or learn poorly. Prolonged anemia in very young children has been linked to poor brain development. Thus, screening for anemia is essential during infancy and the toddler years. The most common cause of anemia is an inadequate intake of iron. Iron-deficiency anemia can be prevented by eating foods high in iron at every meal.

**Foods Can Help Prevent Anemia**

A full-term infant is born with only enough iron to last five or six months. A premature infant has even less (enough for about two months). Since growth is rapid from birth to six months, there must be enough iron for the child to make red blood cells and other tissues. For the first six months, breastmilk or an iron-fortified formula is recommended. When solids are introduced, iron-fortified baby cereal mixed with breastmilk or formula will provide additional iron at a time when the infant’s iron stores are running low.

Cow’s milk contains very little iron. Children who drink large quantities of milk (more than 32 ounces or one quart a day) are at risk for anemia. Children with swallowing or chewing problems or picky eaters may not transition as easily from the bottle. At one year of age, encouraging children to drink milk from a cup (16 to 24 ounces a day) and to eat solid foods (especially meats, eggs, and dried beans) will help prevent anemia. Eating foods high in vitamin C along with foods high in iron helps the body absorb the iron better.

**Anemia is Linked to Lead Poisoning**

Lead is a mineral that interferes with how the body uses iron and how it makes hemoglobin for healthy blood. Young children who are exposed to lead are at risk for anemia. High lead levels in the blood can also result in
learning and behavior problems and slow growth. Young children may get lead poisoning from eating paint chips, because paint chips from older buildings may contain lead. Some imported canned foods have a lead-soldered seal. Food should not be stored in these cans. The public health department or a child’s physician should check lead levels in the child’s blood any time a child is considered at high risk. All children should be tested at 12 and 24 months of age, or older if they have never been previously tested. A physician can provide treatment if lead levels are too high.
### STRATEGIES

...for Children with Anemia

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have anemia (hemoglobin or hematocrit below the minimum level for the child’s age)? If so, identify possible contributors to anemia by asking the child’s parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and the appropriate education materials:</td>
</tr>
<tr>
<td>♦ Choose What You Can Use: Ways to Help a Child Who Has Anemia</td>
<td>♦ Iron for Strong Blood (WIC brochure)</td>
</tr>
</tbody>
</table>

1. **Has the child’s blood been checked for iron level (hemoglobin or hematocrit) in the last six months (if under age 2) or year (if older)?**

   1. If the answer is no: ♦ Refer the child to a physician or health department clinic.

2. **If under 12 months, is the child drinking breastmilk or iron-fortified formula in appropriate amounts?**

   2. If the answer is no: ♦ Plan how the child will get enough breastmilk or formula. ♦ Refer the child to the WIC program if assistance is needed.

3. **If older than 6 months, is the child eating iron-fortified dry baby cereal?**

   3. If the answer is no: ♦ Find ways to add iron-fortified dry baby cereal to the child’s diet. Check the *Food Guidelines* and *Inadequate Intake* sections for information on the proper amount. ♦ Remember that dry cereal mixed at home has more iron than already-mixed cereal purchased in a jar. ♦ Refer the child to the WIC program if assistance is needed and the child is less than 5 years of age.

   *Continued on next page*
<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. If older than 12 months, is the child drinking more than 32 ounces (one quart) of milk a day?</td>
<td>4. If the answer is yes:</td>
</tr>
<tr>
<td></td>
<td>♦ Substitute foods high in iron for some of the milk.</td>
</tr>
<tr>
<td></td>
<td>♦ Encourage the child to drink from a cup.</td>
</tr>
<tr>
<td></td>
<td>♦ Offer water when the child is thirsty.</td>
</tr>
<tr>
<td></td>
<td>♦ Remember that milk is low in iron.</td>
</tr>
<tr>
<td>5. If older than 12 months, is the child eating a good source of iron at every meal?</td>
<td>5. If the answer is no:</td>
</tr>
<tr>
<td>Check the education materials for examples of iron-rich foods.</td>
<td>♦ Plan ways to offer more foods high in iron (see list of iron-rich foods in Choose What You Can Use: Ways to Help a Child Who Has Anemia).</td>
</tr>
<tr>
<td>6. Has the child been referred to the WIC program for nutritious foods and nutrition counseling?</td>
<td>6. If the answer is no:</td>
</tr>
<tr>
<td></td>
<td>♦ Refer the child to the WIC program. See the Resources section.</td>
</tr>
<tr>
<td></td>
<td>♦ Offer the parent/caregiver the education material Choose What You Can Use: Ways to Help a Child Who Has Anemia.</td>
</tr>
</tbody>
</table>
Promoting Oral/Dental Health

Children with special needs sometimes have certain risk factors that may compromise their oral health. These risk factors include:

- Behavioral problems that limit home care or pursuit of professional care
- Special diets, medications, or radiation therapy that contribute to tooth decay
- Medications that cause overgrowth of gum tissue
- Prolonged bottle feeding
- Drinking unfluoridated water
- Bruxism (teeth grinding) or intraoral trauma
- Inadequate oral hygiene due to special needs or motor delays

To reduce the risk factors listed above, encourage parents or caregivers to ask their child’s physician or dentist for advice. To protect teeth and maintain oral health, all children should see a dentist before age two. Children with oral pain or a suspected oral problem should be immediately referred to a dentist, regardless of age.

Preventing Baby Bottle Tooth Decay

A baby’s teeth can be damaged by offering milk (which contains the sugar lactose), fruit juice or sweet drinks in a bottle at bedtime and letting the baby fall asleep with a bottle. Damage may also occur if the child uses the bottle throughout the day. The sugary liquid pools in the mouth and coats the teeth. If this happens often, cavities develop in the upper front teeth. The way to prevent this is to only give the child a bottle at meal times or snack times, unless the bottle is filled with plain water. Children over age two should be weaned from a bottle.

Protecting Your Child’s Teeth

Children who get enough fluoride while their teeth are forming will have fewer dental caries. Fluoride is obtained from fluoridated drinking water or, in areas where water is not fluoridated, the child’s dentist or physician can prescribe a multivitamin with fluoride, such as Tri-Vi-Flor® or Poly-
Vi-Flor®. Fluoride-containing supplements are available only by prescription. Formula-fed infants do not require fluoride supplements if the formula powder or liquid is mixed with fluoridated water. Some grocery stores sell fluoridated water in the baby food section. Breastfed infants may require fluoride supplements, depending on how much fluoridated water they receive.

Daily brushing with fluoride toothpaste helps to prevent tooth decay and gum disease. Use fluoride toothpaste only when the child is old enough not to swallow it, and use only a pea-sized amount of fluoride toothpaste when brushing. Too much fluoride is harmful, so do not let children eat toothpaste, and store fluoride supplements out of children’s reach.

**Keeping Teeth Clean**

Cleaning teeth every day helps prevent caries. When food particles stay on the teeth for too long, they cause plaque to form and cause decay. Parents can clean a baby’s teeth with a soft cloth or toothbrush using water only. To keep children’s teeth clean, brush their teeth after meals, floss daily and take them for regular dental visits. Children six years and older who are at high risk for decay may benefit from dental sealants. Dental sealants are thin plastic coatings that are placed on the biting surfaces and other deep grooves of children’s teeth to protect them from decay. Sealants can stay on the child’s teeth and protect them for many years.

**Eating Healthy Snacks**

Children enjoy snacking and snacks are important for the young child. Offer snack foods that are nutritious and help teeth stay healthy. Good between-meal snacks for healthy teeth include fresh fruits and vegetables, cheese, meats, hard-boiled eggs, and plain yogurt. Depending on the child’s oral motor skills, many of these foods can be offered as “finger foods” that help children learn to feed themselves. Plain milk or water may be offered in a cup. When children ask for sugary foods, try to offer them with a meal. Sugar eaten as part of a meal is less likely to cause cavities since the increased saliva production during a meal has a protective effect. Also, it is easier to get children to brush their teeth after meals than after snacks.
## STRATEGIES
### ...for Children with Oral/Dental Problems

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have dental caries or is the child experiencing dental problems? If so, identify possible contributors to the dental problems by asking the child’s parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and appropriate education materials:</td>
</tr>
<tr>
<td>♦ Choose What You Can Use: Ways to Prevent Children’s Dental Problems (in this section)</td>
<td>♦ Healthy Teeth for Happy Smiles (WIC brochure)</td>
</tr>
</tbody>
</table>

1. **Does the child drink milk or juice from a bottle at bedtime?**
   1. If the answer is yes, instead try to:
      ♦ Stop giving a bottle at bedtime. Put the child to bed with a musical or other favorite toy or security item.
      ♦ Give water in the bottle if the child still needs to suck before falling asleep.
      ♦ Wipe teeth and gums with wet gauze or cloth after milk or juice bottle is finished, or brush gently with a soft toothbrush.

2. **Are the child’s teeth and gums cleaned twice a day?**
   2. If the answer is no:
      ♦ Wipe teeth and gums after every meal. Use a soft damp cloth wrapped around your finger or very soft-bristled infant toothbrush. Do not use toothpaste until the child is old enough to not swallow it.

3. **Does the child have a milk or juice bottle available throughout the day?**
   3. If the answer is yes:
      ♦ Give water in a bottle if child still needs to suck in between meals.
      ♦ Begin to offer a cup around eight months of age.
      ♦ Wean the child to a cup by age two.
      ♦ Begin establishing definite meal times and snack times. Children eat solid foods and drink liquids from a cup better if a bottle is not available.

4. **Has the child been referred to, and seen by, a dentist?**
   4. If the answer is no:
      ♦ Refer the family to a local dentist if they don’t already have one.
      ♦ Children should see a dentist first around age two, and then at least once a year after that.
      ♦ See the Resources section for local dental referrals and clinic locations.
Ways to Help a Child Who Has Diarrhea

If your child has diarrhea, take the following steps to help your child return to a regular stool pattern. With ongoing diarrhea a child can become so malnourished that he or she is at risk for infection or illness. The goal is to have your child eat his or her usual diet as soon as possible.

**ACUTE DIARRHEA**

Follow these steps if your child has acute (sudden or short-term) diarrhea.

1. Offer your child plain water or other clear liquids such as broth, fruit juices (not orange juice), herb tea (no caffeine), popsicles or juice frozen into cubes. Then, add “rehydration” drinks. The most important thing is to replace the fluid your child has lost as well as some of the minerals (electrolytes) lost with the fluid. Even children who are sick to their stomach can keep down ¼ to ½ cup of liquids every hour.

You can buy “rehydration” fluids for infants and children that will add back fluid and the right amount of electrolytes. Other clear liquids can help “rehydrate” older children and adults.

You can also make a homemade rehydration drink according to the recipe at right.

<table>
<thead>
<tr>
<th>EXAMPLES OF REHYDRATION FLUIDS</th>
<th>Infants</th>
<th>Older Children &amp; Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pedialyte*</td>
<td>• Fruit juices</td>
<td>• Gatorade*</td>
</tr>
<tr>
<td>• Infalyte*</td>
<td>• Fruit drinks</td>
<td>• Tea</td>
</tr>
<tr>
<td></td>
<td>• Jell-O water</td>
<td>• Rice water</td>
</tr>
</tbody>
</table>

2. After no more than two days, begin to add more foods that are high in fluid. Gradually add back other foods as tolerated (that is, diarrhea and vomiting do not start again).

Within a few more days the child should be back to a regular diet, including meats and dairy products, fresh fruits and vegetables, breads and other grains.

*Note:* If your child’s diarrhea lasts two days or more, call your child’s physician.

<table>
<thead>
<tr>
<th>FOODS HIGH IN FLUIDS</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Fruit ice</td>
<td>• Popsicles</td>
<td>• Yogurt</td>
</tr>
<tr>
<td>• Gelatin</td>
<td>• Junket</td>
<td>• Baby foods</td>
</tr>
<tr>
<td>• Ice cream</td>
<td>• Custards and puddings</td>
<td>• Fruits and vegetables</td>
</tr>
<tr>
<td>• Sherbet</td>
<td></td>
<td></td>
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</tbody>
</table>

*continued on back*

*Nutrition Strategies for Children with Special Needs*

*USC UAP • Children's Hospital Los Angeles*
CHRONIC DIARRHEA

Children with chronic diarrhea are not sick, but continue to have loose, watery stools that can irritate their skin and are a bother to clean up. If this is the case, follow these steps first to see if the diarrhea will go away.

1. Give stomach and intestines a “rest” for 24 hours. That is, no food and only water or rehydration fluids to drink.
2. Follow the steps for acute diarrhea, described on the previous page.
3. If the diarrhea still continues, call your child’s physician.

CAUSES OF DIARRHEA

Since diarrhea can often be prevented, it helps to understand some common causes of diarrhea.

- Bacteria in formula or food.
- Viral or bacterial infections.
- Reactions to foods that contain something the body cannot digest (for example, the lactose in milk or protein in soy foods).
- Change in foods eaten.
- Nervous excitement.
- Some medications (often antibiotics cause loose stools for a short time).
- Some artificial sweeteners (for example, sorbitol or Nutrasweet®).
- Some inherited diseases (for example, cystic fibrosis).

PREVENTING DIARRHEA

Here are some things you can do to help your child not get diarrhea again.

- Serve 3 regular meals and 2 to 3 snacks every day.
- Limit juice and sweetened drinks to ½ cup (4 fluid ounces) a day.
- Defrost meat, poultry and fish in the refrigerator or using a microwave. Do not defrost meat at room temperature.
- As soon as you cook a food, eat it or put it in the refrigerator or freezer. Do not let cooked food remain at room temperature on the counter or stove.
- Immediately wash all knives, cutting boards and counters that have come in contact with raw meat, fish, or poultry. Use hot, soapy water.
- Replace an old cutting board if it has cuts and scratches as bacteria may grow on the surface.
- Put groceries away as soon as you get home from shopping.
- Wash children’s hands before eating and after using the bathroom. After changing a baby, wash your hands with hot, soapy water. Wash the baby’s hands too.
- Do not wash soiled diapers in a food preparation area.

Nutrition Strategies for Children with Special Needs

USC UAP • CHILDREN'S HOSPITAL LOS ANGELES

Maternal and Child Health Bureau
Maneras de Ayudar a un Niño que Tiene Diarréa

Si su niño tiene diarrea, siga estos pasos para asegurar que su niño vuelva a tener excrementos normales. El riesgo de infección y enfermedad es más grande en los niños que están malnutridos por causa de diarrea crónica. La meta es de tratar que su niño vuelva a comer sus comidas regulares lo más pronto posible.

DIARRÉA AGUADA
Siga estos pasos si su niño tiene diarrea aguada (repentina o por un corto tiempo).

1. Ofrezca a su niño agua natural y líquidos claros como consomé, jugos de fruta (no de naranja), té de hierbas (sin cafeína), paletas de jugo de fruta. Luego agregue bebidas para volver a hidratar a su niño. Reemplazar el líquido y los minerales (electrolitos) que ha perdido su niño es lo más importante. Hasta los niños que están muy enfermos del estómago pueden tolerar ¼ a ½ taza de líquido cada hora.

Líquidos para “volver a hidratar” a los niños e infantes se pueden comprar. Estos líquidos vuelven a reemplazar el líquido y los electrolitos en las cantidades correctas. Para volver a hidratar a niños mayores y adultos, otros líquidos claros pueden ayudar.

Siguiendo esta receta, Ud. puede hacer su propia bebida para “volver a hidratar”.

<table>
<thead>
<tr>
<th>EJEMPLOS DE LÍQUIDOS PARA VOLVER A HIDRATAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infantes</td>
</tr>
<tr>
<td>• Pedialyte®</td>
</tr>
<tr>
<td>• Infalyte®</td>
</tr>
<tr>
<td>Niños Mayores y Adultos</td>
</tr>
<tr>
<td>• Jugos de frutas</td>
</tr>
<tr>
<td>• Bebidas de frutas</td>
</tr>
<tr>
<td>• Agua de gelatina</td>
</tr>
<tr>
<td>• Gatorade®</td>
</tr>
<tr>
<td>• Té</td>
</tr>
<tr>
<td>• Agua de arroz</td>
</tr>
</tbody>
</table>

2. Después de dos días, ofrezca más comidas altas en líquido. Ofrezca otras comidas que sean toleradas por el niño (esto es si no le vuelve la diarrea o vómitos).

Después de algunos días más, el niño debe volver a comer sus comidas regulares como las carnes, productos de leche, frutas y verduras, panes y otros granos.

Nota: Llame al médico de su niño si le da diarrea por dos días o más a su niño.

CONTINUADA EN EL REVERSO

Nutrition Strategies for Children with Special Needs

USC LIAF * CHILDREN'S HOSPITAL LOS ANGELES

Maternal and Child Health Bureau
DIARRÉA CRÓNICA
Los niños que sufren de diarrea crónica no están enfermos, pero siguen teniendo excrementos suaves y aguados. Esto puede irritar la piel de su niño y puede ser una molestia limpiarlo. Si este es su caso, siga estos pasos primero para ver si se le quita la diarrea.

1. Dejar que el sistema digestivo descanse por 24 horas. Solamente agua y bebidas para “volver a hidratarse.” No comida.
2. Siga los pasos en la página previa donde se habla de la diarrea aguada.
3. Si su niño sigue con diarrea, llame al médico.

CAUSAS DE DIARRÉA
Es importante saber que es lo que puede causar diarrea, porque muchas veces se puede prevenir.
- Bacteria en la fórmula o leche.
- Infecciones de virus o bacteria.
- Reacciones a comidas que contienen algo que no se puede digerir (por ejemplo lactosa en leche o proteína en comidas de soya).
- Cambio de comidas.
- Emociones, o nervios.
- Algunos medicamentos (antibióticos pueden causar diarrea por un corto tiempo).
- Algunos substitutos de azúcar (por ejemplo, Nutrasweet® o sorbitol).
- Algunas enfermedades hereditarias (por ejemplo, cystic fibrosis).

PARA PREVENIR LA DIARRÉA
Si Ud. quiere prevenir la diarrea en su niño, estas son algunas cosas que Ud. puede hacer.
- Sirva 3 comidas todos los días. Ofrezca 2 a 3 bocadillos todos los días.
- Solamente ½ taza (4 onzas) de jugo o bebidas dulces por día.
- Carne, pollo, pescado debe ser descongelado en el refrigerador o en el microondas. No descongele comidas fuera del refrigerador.
- Procure comer o guardar la comida en el refrigerador después de prepararla. No deje la comida preparada en la estufa o fuera del refrigerador.
- Inmediatamente lave los cuchillos, mesas, tablas y todo lo que ha tenido contacto con carnes crudas. Use agua caliente con jabón.
- Si su tabla de cortar tiene grietas o está rayada, hay que comprar otra. La bacteria puede crecer en la superficie de las tablas viejas.
- Guarde sus comidas inmediatamente después de llegar a su casa.
- Antes de comer y después de usar el baño, lávelle las manos a sus niños. Después de cambiar un pañal, lávese las manos con agua caliente y jabón. También lávelle las manos al bebé.
- Nunca lave pañales donde se prepara comida.
Ways to Help a Child Decrease Vomiting
(Anti-Reflux Precautions)

You may be able to help your child vomit less frequently or not at all by making a few small but important changes, as suggested below. Try the ones that work best for you and your child.

Positioning
Keep your infant or child in a more upright position at all times. Sit or prop up your child in a more upright position during the day. If you put your child in an infant seat, put something at her or his back (at the waist) to keep your child upright. At night, your infant should not lie flat in the crib. Support your child’s body at a 30° angle by putting something under the mattress to lift it (like a pillow or quilt or books). If your child sleeps in a bed, put something on the floor, under the legs of the bed, at the pillow end (head) of the bed. This will help keep your child’s head and upper body higher at night.

Feed your child smaller meals, more frequently
Split the amount of food you would usually feed at one time into two meals. Give each meal about two hours apart. Feeding smaller amounts at a meal usually helps food to leave the stomach more quickly. Do not jiggle or bounce your child between feedings. Children should be kept upright and quiet after a meal. Looking at a book is a good activity.

Thickening of Liquids
Sometimes thickening the infant’s formula or child’s liquids will help decrease vomiting. You may add dry baby cereal to liquids (2 tablespoons of dry cereal to 4 ounces of formula or liquid). Your infant will need a bigger hole in the nipple of the bottle. Be careful when you enlarge the nipple hole. If you make the hole too big, the liquid will come out too fast and the infant will choke.

Medication
Some medications can make food move faster from the stomach into the small intestine. These medications may decrease vomiting. Other medications are available that reduce acid secretion in the stomach and decrease gastroesophageal reflux (GER). Ask your child’s physician if these medications will help your child.

Surgical correction in children with a feeding tube
When other methods to control reflux do not work, ask your physician if a surgical correction (operation) will help your child. Often the surgical correction is put in place at the same time as a gastrostomy tube.
Maneras de Ayudar a un Niño Disminuir Su Vómito

Si Ud. haga unos cambios importantes, es posible que Ud. pueda disminuir o eliminar los vómitos de su niño. Estos son algunos consejos para disminuir el vómito. Trate de usar los que mejor funcionan para Ud. y para su niño.

Posición
Asegure que su niño esté en una posición derecha (vertical) a todas horas. Durante el día, siente o acómodelo a su niño para que esté en una posición recta. Si su niño está en un asiento de seguridad ponga algo detrás (por la cintura) para mantener a su niño en posición recta. Por la noche, su niño no debe estar en una posición plana en la cuna. El cuerpo de su niño debe estar elevado a un angulo de 30º. Esto se puede hacer con poner algo (almohadas, cobijas o libros) debajo del colchón para elevar la cabeza de su niño. Si su niño duerme en una cama, puede poner algo en el piso debajo de la cama para elevar la cabezera. Esto asegura que la cabeza y parte superior del cuerpo de su niño estén elevadas durante la noche.

Déle de Comer a su Niño Comidas Pequeñas con más Frecuencia
Divida la cantidad de comida que usualmente le da a su niño en una sola vez en dos. Déle las comidas cada dos horas. Las comidas pequeñas se vacian del estomago más rápido. Trate de no zangolotear o mover a su niño entre comidas. Después de una comida, los niños deben permanecer rectos y quietos. Leer un libro después de haber comido es una buena actividad.

Espesar los Líquidos
En muchas ocasiones el espesar la fórmula o líquido del niño ayuda a disminuir los vómitos. Puede agregar cereal de bebé a los líquidos (2 cucharadas de cereal a 4 onzas de fórmula o líquido). Su bebé va a necesitar un hueco más grande en la mamila cuando agrega cereal. Hay que tener cuidado al engrandecer el hueco del biberón. Si el hueco es muy grande, la leche sale demasiado rápido y puede ser que el niño se sofoque.

Medicamento
Algunos medicamentos causan que la comida se mueva más rápido del estomago al intestino. Estos medicamentos pueden disminuir el vómito. También hay otros medicamentos que ayudan a reducir el ácido en el estómago y a disminuir “Gastroesophageal Reflux” (GER). Pregunte al médico de su niño si estos medicamentos pueden ayudarle.

Corrección Quirúrgica para Niños con Tubo Alimenticio
Cuando otras maneras de controlar las bascas no funcionan, pregúntele al médico si una corrección quirúrgica (operación) podría ayudar a su niño. Muchas veces la corrección se hace a la misma vez que se pone el tubo alimenticio.
Children’s teeth help them chew, speak, and smile. Children with special needs may have more oral or dental problems because of prolonged use of the bottle, special diets, medication use or difficulty with oral care. Here are some ways to take care of your child’s teeth.

**Move from bottle to cup:**
- Offer your baby a bottle only at feeding times.
- Put only formula, breastmilk, or water in a bottle.
- Do not let your child go to bed with a bottle. Offer a blanket, stuffed animal or favorite toy instead.
- Help your child move from bottle to cup gradually. As soon as your child is able, start offering sips from a cup.
- Ask your child’s teacher, therapist or physician how to wean your child from a bottle.

**Eat and drink for healthy teeth:**
- Give healthy snacks in between meals: fresh fruits, vegetables, cheese, meats, hard-boiled eggs, plain yogurt.
- If you offer sweet foods, serve them with meals, then brush your child’s teeth.
- Brush your child’s teeth after eating foods that stick to the teeth: raisins, other dried fruit, peanut butter, crackers, chips, soft bread, syrup, honey, jelly, or jam.
- Offer plain milk or water in a cup at meals and snacks.
- When your child is thirsty between meals, offer water (not juice, soda or sweet drinks).

**Keep teeth clean:**
- Wipe your baby’s teeth and gums after feeding. Use a soft cloth, gauze or soft bristled infant toothbrush.
- Brush an older child’s teeth after meals with a soft tooth brush.
- Use a tiny amount of toothpaste with fluoride for older children who will not swallow it.
- Use dental floss, when possible.

**Give fluoride:**
- Give your child water daily. Ask your dentist if fluoride is in your water.
- Mix formula with water that contains fluoride. Some stores sell water with fluoride in the baby food section.
- If your water is not fluoridated, give your child fluoride drops or tablets prescribed by your child’s physician or dentist.
- Do not give both fluoridated water and a fluoride supplement, because too much fluoride can hurt your child.

**Ask your child’s physician or dentist:**
- If your child is at increased risk for dental problems due to his or her special health need, medication use, special diet or radiation therapy.
- When your child should see a dentist (usually at age 2, or before if the child has pain or oral disease).
- If your child would benefit from dental sealants.
- How to prevent injuries to mouth and face.
Maneras de Prevenir los Problemas Dentales/Orales

Los dientes ayudan a los niños a masticar, hablar, y sonreír. El uso prolongado de la mamila, dietas especiales, medicamentos y la dificultad en el cuidado oral pueden causar más problemas dentales en los niños con necesidades especiales. Estas son algunas maneras de cuidar los dientes de su niño.

**Haga la transición de la mamila a la taza:**
- Ofrezca la mamila solo a la hora de comer.
- Solamente ponga fórmula, leche materna o agua en la mamila.
- No deje que el niño/a se duerma con la mamila. Ofrézcale una cobija, un mono de peluche, o un juguete favorito.
- Haga la transición de la mamila a la taza gradualmente. Ofrezca tragitos de una taza tan pronto como pueda el niño.
- Pregunte a la maestra, terapista o médico como dejar la mamila.

**Comer y beber para dientes saludables:**
- Entre comidas ofrezca bocadillos saludables: frutas frescas, verduras, queso, carne, huevos cocidos, yogurt sin sabor.
- Ofrezca comidas dulces con otras comidas y cepíllete los dientes después de comer.
- Hay que cepillar los dientes después de comer comidas pegajosas, como: pasas, frutas secas, crema de maní (cacaíuate), galletas, papitas fritas, pan suave, miel, jalea, mermelada.
- Ofrezca leche pura y agua en una taza a la hora de la comida.
- Cuando su niño tenga sed entre comidas, ofrézcale agua (no jugo, soda o bebidas dulces).

**Mantenga los dientes limpios:**
- Limpie los dientes y encías del bebé después de comer. Puede usar una toalla suave o un cepillo de bebé suave.
- A los niños mayores, cepíllete los dientes con un cepillo de dientes suave después de cada comida.
- Con los niños mayores que no se tragan la pasta dental, puede usar pasta dental con fluoruro.
- Use hilo dental cuando sea posible.

**De Floruro:**
- Dele agua a su niño todos los días. Pregúntele a su dentista si hay floruro en su agua.
- Prepare la fórmula con agua que tenga floruro. Algunas tiendas venden agua con floruro en la sección de bebés.
- Si su agua no contiene floruro, dele gotas o pastillas de floruro. Se necesita receta médica o de un dentista para el floruro.
- No use suplementos de floruro y agua con floruro porque mucho floruro puede hacer daño a los dientes.

**Pregunte al médico o dentista de su niño/a:**
- Pregunte si su niño está a riesgo de problemas dentales por causa de su condición de salud, medicamento, dieta especial o terapia de radiación.
- Pregunte cuando debe de visitar a un dentista (generalmente es a la edad de 2 años, pero puede ser antes si su niño tiene dolor en la boca).
- Pregunte si sería un beneficio para su niño si le pusieran sellantes dentales.
- Pregunte como prevenir heridas de la boca o la cara.
Ways to Help a Child Who Has Anemia

Anemia means that your child’s blood has too little iron. Iron helps blood carry oxygen to all parts of the body. Children with anemia sometimes have headaches, look pale, feel tired all the time, or do not feel like eating. They are not very interested in exploring things around them and may have trouble learning.

Anemia is common in young children, but it is serious and needs your attention. Here are some ways to help your child get more iron in the blood. Choose the ways that work best for you and your child.

**Feed babies what they need:**
- Feed breastmilk or iron-fortified formula to babies younger than 12 months.
- Start feeding iron-fortified dry baby cereal (mixed with breastmilk or formula) when babies are older than 4 or 5 months.
- Start other high-iron foods (such as pureed meats, mashed beans, and tofu) when your baby is 7 to 8 months. Start ground meats when your baby is able to chew and swallow them.
- Ask your child’s physician if your baby needs iron drops.

**Limit milk for toddlers:**
- If your child drinks more than 32 ounces of milk a day, try to cut back to 16 ounces. Children age 1 to 3 need 18 to 24 ounces of milk per day.
- Help your child older than 12 months drink milk from a cup, not a bottle.

**Get a blood test for your child:**
- Have your child’s blood tested for iron every six months to a year.
- Have your child’s blood tested for lead at ages one and two years, or whenever a physician recommends it.
- Ask your child’s physician or go to the health department clinic for these tests.

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Help children eat foods with iron at every meal:
- Foods at the top of the list have more iron than the foods lower on the list.
- Foods on the left have more iron than foods on the right.
- Offer your child a variety of these iron-rich foods at every meal.
- Eat foods with vitamin C (marked with an *) when eating foods high in iron.

<table>
<thead>
<tr>
<th>MORE IRON</th>
<th>IRON-RICH FOODS</th>
<th>LESS IRON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meats &amp; Proteins</td>
<td>Breads &amp; Cereals</td>
<td>Fruits &amp; Vegetables</td>
</tr>
<tr>
<td>- beef liver</td>
<td>- fortified breakfast cereals</td>
<td>- spinach*</td>
</tr>
<tr>
<td>- dried beans (kidney beans, black-eyed peas, lentils)</td>
<td>- iron-fortified baby cereal</td>
<td>- greens (collards, mustard, etc.)</td>
</tr>
<tr>
<td>- chili con carne with beans</td>
<td>- flour tortillas</td>
<td>- baked potato with skin*</td>
</tr>
<tr>
<td>- pork, beef</td>
<td>- rice (brown or enriched white)</td>
<td>- broccoli *</td>
</tr>
<tr>
<td>- eggs</td>
<td>- oatmeal</td>
<td>- prune juice or prunes</td>
</tr>
<tr>
<td>- peanut butter</td>
<td>- corn tortillas</td>
<td>- watermelon</td>
</tr>
<tr>
<td>- split pea soup</td>
<td>- bread (whole wheat or enriched)</td>
<td>- cantaloupe, honeydew*</td>
</tr>
<tr>
<td>- tofu</td>
<td>- noodles or pasta</td>
<td>- strawberries*</td>
</tr>
<tr>
<td>- chicken, turkey, tuna</td>
<td></td>
<td>- tomatoes or tomato juice*</td>
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<tr>
<td>- hot dog</td>
<td></td>
<td>- dates, raisins</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- orange or orange juice*</td>
</tr>
</tbody>
</table>
Maneras de Ayudar a un Niño que Tiene Anemia

Anemia quiere decir que su niño tiene poco hierro en la sangre. El hierro se necesita para cargar oxígeno a todo su cuerpo. Niños con anemia a veces padecen dolores de cabeza, palidez, se sienten cansados, y no tienen ganas de comer. No tienen interés en explorar cosas nuevas y pueden tener dificultad en aprender.

Anemia es común en los niños pequeños, pero es algo serio y necesita su atención. Estas son algunas maneras para ayudar a que su niño tenga más hierro en la sangre. Escoja las maneras que funcionen mejor para Ud. y para su niño.

Alimente a los bebés con lo que necesitan:
- A los niños menores de 12 meses, alíméntelos con leche materna o fórmula con hierro.
- Cuando el bebé tenga más de 4 a 5 meses de edad, empiece a dárselle cereal de bebé con hierro (mezclado con leche materna o fórmula).
- Cuando el bebé tenga 7 a 8 meses de edad, empiece a darle otras comidas altas en hierro (como carne molida, frijoles molidos, y tofu). La carne molida se debe empezar cuando el niño pueda masticar y tragar bien.
- Pregúntele al médico del niño si necesita gotas de hierro.

Limite la leche para los niños de 2 a 4 años:
- Si su niño toma más de 32 onzas de leche por día, trate de darle solamente 16 onzas. Niños de 1 a 3 años de edad necesitan de 18 a 24 onzas de leche todos los días.
- A los niños mayores de 12 meses, trate de darles leche en una taza y no en mamila.

Hágale una prueba de sangre a su niño:
- Haga la prueba de sangre para revisar el hierro cada 6 meses.
- Haga la prueba del plomo en los primeros dos años de edad, o cuando se lo indique un médico.
- Pregunte al médico de su niño o vaya al departamento de salud para estas pruebas.

continuada en el reverso
Ayude al niño para que coma comidas con hierro en cada comida:
- Comidas que están primero en la lista tienen más hierro que las comidas que están más abajo.
- Comidas a la izquierda tienen más hierro que las comidas a la derecha.
- Ofrezca una variedad de comidas altas en hierro a cada comida.
- Coma comidas con vitamina C (identificadas con un *) cuando coma comidas altas en hierro.

<table>
<thead>
<tr>
<th>MÁS HIERRO</th>
<th>MENOS HIERRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carnes y Proteínas</td>
<td>Panes y Cereales</td>
</tr>
<tr>
<td>hígado de res</td>
<td>cereales fortificados</td>
</tr>
<tr>
<td>frijoles (frijol rojo, frijol verónica, lentejas)</td>
<td>cereal de bebé con hierro</td>
</tr>
<tr>
<td>chile con carne y frijoles</td>
<td>tortillas de harina</td>
</tr>
<tr>
<td>puerco, res</td>
<td>arroz (moreno o blanco enriquecido)</td>
</tr>
<tr>
<td>huevos</td>
<td>avena</td>
</tr>
<tr>
<td>crema de maní (cacahuate)</td>
<td>tortillas de maíz</td>
</tr>
<tr>
<td>sopa de chícharos</td>
<td>pan (integral o enriquecido)</td>
</tr>
<tr>
<td>tofu</td>
<td>pastas</td>
</tr>
<tr>
<td>pollo, pavo, atún</td>
<td></td>
</tr>
<tr>
<td>salchicha</td>
<td></td>
</tr>
</tbody>
</table>

Nutrition Strategies for Children with Special Needs
USC UAP • CHILDREN'S HOSPITAL LOS ANGELES
Maternal and Child Health Bureau
Promoting Proper Nutrition
When a Child is Taking Medications

Children with special needs often require long-term drug therapy for conditions such as epilepsy, recurrent infections, and chronic constipation. Long-term use of drugs may interfere with food intake, nutrient absorption, nutrient utilization, or growth. Also, some foods affect the strength of a medication or how well the body can use it. Thus, it is important to follow directions for timing, dosage, and consumption of each medication affected by food. A pharmacist should be consulted for more specific information.

Anticonvulsants

Anticonvulsant drugs are used to control seizures. They can interfere with the body’s use of vitamin D, which may lead to softened bones (osteomalacia). Vitamin D and calcium work together to build strong bones. Children can keep bones strong by eating foods high in calcium, receiving regular exposure to sunshine, and getting regular exercise. A child who takes anticonvulsants and is unable to exercise and be in the sun should be evaluated to determine the need for a calcium and vitamin D supplement. Anticonvulsant drugs may also increase the body’s need for folic acid, a B-vitamin. To help meet the increased needs, children need to eat foods containing folic acid each day. (Food lists are provided in the parent education material in this section, titled Choose What You Can Use: Ways to Help a Child Who is Taking Medications.)

Antibiotics

Antibiotics are prescribed to treat an illness or infection. When children take antibiotics, the normal balance of beneficial flora (bacteria) in their intestines changes. This can cause diarrhea. Diarrhea usually stops within two to six days after drug therapy is completed. Eating certain foods (such as yogurt with live cultures) may help firm the stools in a shorter period of time. Review Strategies for Children Taking Medications in this section of the manual for food suggestions.
Cardiac Drugs

These medications are prescribed to treat heart problems. Possible side effects of cardiac drugs include nausea, vomiting, and diarrhea resulting in weight loss. These drugs may also interfere with the body’s use of calcium, potassium, and magnesium. Children taking cardiac drugs should be evaluated to determine the need for extra servings of foods high in calcium and potassium and foods low in salt and sodium.

Stimulants

Stimulants are used to treat attention deficit hyperactivity disorder (ADHD). Some stimulant drugs (such as Ritalin®) may suppress children’s appetites, leading to weight loss or anorexia. Growth may decrease with long-term use. Stimulants may also cause insomnia (sleeplessness). To reduce these potential side-effects, it is important to monitor the child’s weight and height and corresponding dosage, timing, and length of use of stimulants. Eating high-calorie, nutritious foods will also help children with small appetites obtain enough energy for growth. Review High Calorie Food Choices in the Underweight section of the manual.

Laxatives

Mineral oil may be prescribed as a laxative to relieve constipation. Mineral oil should not be used in children under 3 years of age due to the risk of aspiration pneumonia. If mineral oil is taken with meals, it may interfere with the absorption of the fat soluble vitamins (A, D, E, and K) and several minerals (calcium, phosphorous, and potassium) from the meal. If a child must use mineral oil for several months, the child’s physician should be consulted in order to avoid these vitamin deficiencies. Water-soluble forms of some of these vitamins are available. An alternative to mineral oil may be a bulk forming laxative such as Metamucil®. Stool softeners do not interfere with absorption of the fat soluble vitamins and help with elimination. However, the best approach to relieving constipation is eating foods high in fiber, drinking plenty of fluids such as water, using the toilet regularly, and doing weight-bearing exercise such as standing and walking.
## STRATEGIES
...for Children Taking Medications

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child taking medications regularly? If so, determine if the medications are compromising the child’s nutrition status by asking the child’s parent/caregiver the questions below.</td>
<td>With the child’s parent/caregiver, develop a plan using the suggestions below and the education materials in this and other sections:</td>
</tr>
</tbody>
</table>

- Choose What You Can Use: Ways to Help A Child Taking Medications
- Choose What You Can Use series in other sections of the manual: Underweight, Diarrhea, Constipation, Vomiting

<table>
<thead>
<tr>
<th>1. Is the child taking an anticonvulsant medication such as phenobarbital or Dilantin®?</th>
<th>1. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To keep the child’s bones strong:</td>
<td>To keep the child healthy, offer foods high in folic acid:</td>
</tr>
<tr>
<td>♦ Offer at least three servings daily of milk, yogurt or cheese</td>
<td>♦ Dried beans and lentils</td>
</tr>
<tr>
<td>♦ Give regular exposure to sunshine, 10 to 15 minutes a day (use sunscreen).</td>
<td>♦ Deep-green leafy vegetables</td>
</tr>
<tr>
<td>♦ Encourage regular, weight-bearing exercise (walking is fine) if possible.</td>
<td>♦ Nuts and seeds</td>
</tr>
<tr>
<td></td>
<td>♦ Oranges, orange juice</td>
</tr>
</tbody>
</table>

If the child’s gums are tender, swollen, or spongy: |
| ♦ Maintain good oral hygiene. |
| ♦ Get regular dental exams. |

<table>
<thead>
<tr>
<th>2. Is the child taking an anticonvulsant medication such as Tegretol® or Klonopin®?</th>
<th>2. If the answer is yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow above suggestions for children taking Phenobarbital or Dilantin®.</td>
<td>If the child’s mouth is dry (decreased saliva):</td>
</tr>
<tr>
<td>If the child’s mouth is dry (decreased saliva):</td>
<td>♦ Moisten dry foods with milk, water, broth, or gravy.</td>
</tr>
<tr>
<td>♦ Offer fluids with each bite.</td>
<td>♦ Decrease dry or salty foods.</td>
</tr>
<tr>
<td>♦ Decrease dry or salty foods.</td>
<td></td>
</tr>
<tr>
<td><strong>ASSESS FURTHER</strong></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>3. Does the child have diarrhea when taking an antibiotic?</td>
<td></td>
</tr>
<tr>
<td>♦ Ampicillin</td>
<td></td>
</tr>
<tr>
<td>♦ Keflex®</td>
<td></td>
</tr>
<tr>
<td>♦ Bactrim®</td>
<td></td>
</tr>
<tr>
<td>♦ Augmentin®</td>
<td></td>
</tr>
<tr>
<td>♦ Amoxicillin</td>
<td></td>
</tr>
<tr>
<td>♦ Cefclor®</td>
<td></td>
</tr>
<tr>
<td>♦ Cephalosporins</td>
<td></td>
</tr>
<tr>
<td>4. Does the child have a low appetite when taking an antibiotic?</td>
<td></td>
</tr>
<tr>
<td>♦ Ampicillin</td>
<td></td>
</tr>
<tr>
<td>♦ Bactrim®</td>
<td></td>
</tr>
<tr>
<td>♦ Amoxicillin</td>
<td></td>
</tr>
<tr>
<td>♦ Macrodantin®</td>
<td></td>
</tr>
<tr>
<td>5. Is the child taking drugs for a heart problem?</td>
<td></td>
</tr>
<tr>
<td>♦ Digoxin</td>
<td></td>
</tr>
<tr>
<td>6. Is the child taking a stimulant medication?</td>
<td></td>
</tr>
<tr>
<td>♦ Ritalin®</td>
<td></td>
</tr>
<tr>
<td>♦ Dexterdine®</td>
<td></td>
</tr>
<tr>
<td>♦ Pemoline</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PLAN FOR ACTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. If the answer is yes:</td>
</tr>
<tr>
<td>♦ Offer foods low in fiber: white rice, applesauce, white toast, banana.</td>
</tr>
<tr>
<td>♦ Offer yogurt made with live cultures to return helpful bacteria to the digestive tract.</td>
</tr>
<tr>
<td>♦ Eliminate greasy and/or spicy foods.</td>
</tr>
<tr>
<td>4. If the answer is yes:</td>
</tr>
<tr>
<td>♦ Offer nutritious, high-calorie foods to increase energy intake.</td>
</tr>
<tr>
<td>♦ Help the child drink enough fluids.</td>
</tr>
<tr>
<td>♦ Help the child eat enough milk or dairy foods, meats, and cereals.</td>
</tr>
<tr>
<td>5. If the answer is yes and your child has nausea, vomiting, or diarrhea:</td>
</tr>
<tr>
<td>♦ Offer small meals and snacks.</td>
</tr>
<tr>
<td>♦ Offer foods high in potassium and low in salt and sodium. See <em>Choose What You Can Use: Ways to Help A Child Taking Medications</em> in this section.</td>
</tr>
<tr>
<td>♦ Help the child get enough milk and yogurt.</td>
</tr>
<tr>
<td>6. If the answer is yes and child’s appetite is low:</td>
</tr>
<tr>
<td>♦ Offer nutritious, high-calorie foods.</td>
</tr>
<tr>
<td>♦ Under supervision of a physician, give the child the lowest dosage possible.</td>
</tr>
<tr>
<td>♦ Ask the pharmacist the best time to give the medication to minimize the effect on appetite.</td>
</tr>
<tr>
<td>♦ If child is having trouble sleeping, take medication six hours before bedtime.</td>
</tr>
<tr>
<td>ASSESS FURTHER</td>
</tr>
<tr>
<td>----------------</td>
</tr>
</tbody>
</table>
| 7. Is the child taking mineral oil as a laxative? | 7. If the answer is yes:  
♦ Call the child’s physician if the child is under 3 years of age. Children under 3 should not take mineral oil.  
♦ Try substituting a bulk-forming laxative such as Metamucil®.  
♦ Take mineral oil on an empty stomach (two hours before or after eating).  
♦ Offer 6 to 8 glasses of fluid a day, high-fiber foods, regular toileting, and weight-bearing exercise (if possible) to prevent constipation. |
| 8. Is the child taking a laxative medication? | 8. If the answer is yes:  
♦ Ex-Lax®  
♦ Senekot®  
♦ Colace® |  
♦ Take medication at bedtime with a glass (8 ounces) of fluid.  
♦ Offer 6 to 8 glasses of fluid a day, high-fiber foods, regular toileting, and weight-bearing exercise (if possible) to prevent constipation. |
Ways to Help a Child Who Is Taking Medications

**ANTICONVULSANTS**  
Anticonvulsant drugs are used to treat seizures.  
*Examples:* Phenobarbital, Dilantin®, Tegretol®, Klonopin®

**To keep your child’s bones and body healthy:**
- Offer foods high in calcium: milk, yogurt, cheese, sardines, ground almonds
- Take your child into the sunshine almost every day for 10 to 15 minutes (use sunscreen).
- Help your child get regular exercise, if possible, that involves standing such as: walking, crawling, running, jumping, dancing.
- If mouth is dry, moisten dry foods, offer fluids with each bite, and serve fewer dry or salty foods.
- Offer foods high in folic acid every day.

**FOODS HIGH IN FOLIC ACID**

<table>
<thead>
<tr>
<th>Dried Beans &amp; Lentils</th>
<th>Deep-Green Leafy Vegetables</th>
<th>Nuts &amp; Seeds (grind to prevent choking)</th>
<th>Fruits</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ pintos</td>
<td>♦ broccoli</td>
<td>♦ peanuts</td>
<td>♦ oranges and juice</td>
</tr>
<tr>
<td>♦ garbanzos</td>
<td>♦ kale</td>
<td>♦ peanut butter</td>
<td>♦ grapefruit and juice</td>
</tr>
<tr>
<td>♦ black beans</td>
<td>♦ spinach</td>
<td>♦ sunflower seeds</td>
<td>♦ pineapple</td>
</tr>
<tr>
<td>♦ kidney beans</td>
<td>♦ romaine</td>
<td>♦ walnuts</td>
<td>♦ cantaloupe</td>
</tr>
<tr>
<td>♦ black-eyed peas</td>
<td>♦ okra</td>
<td>♦ almonds</td>
<td>♦ banana</td>
</tr>
<tr>
<td>♦ split peas</td>
<td>♦ asparagus</td>
<td></td>
<td>♦ avocado</td>
</tr>
</tbody>
</table>

**ANTIBIOTICS**  
Antibiotics are used to treat an illness or infection.  
*Examples:* Amoxicillin, Ampicillin, Bactrim®, Macrodantin®, Tetracycline, Ceclor®

**If your child temporarily gets diarrhea:**
- Offer low-fiber foods: white rice, applesauce, white toast, bananas.
- Serve yogurt made with live cultures.
- Eliminate greasy and/or spicy foods.
- Remember that diarrhea usually stops within two to six days after your child stops taking the medication.

**If your child loses his or her appetite:**
- Offer nutritious, high-calorie foods to increase weight.
- Help your child drink enough fluids.
- Help your child eat enough milk or dairy foods, meats, and cereals.

*continued on back*
CARDIAC DRUGS  Cardiac drugs are used by children with heart problems.  
Example: Digoxin

If your child has nausea, vomiting, or diarrhea:
◆ Offer small meals, several each day.
◆ Offer foods high in potassium, low in salt, high in calcium.

<table>
<thead>
<tr>
<th>HIGH-CALCIUM FOODS</th>
<th>HIGH-POTASSIUM FOODS</th>
<th>LOWER-SALT FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>milk</td>
<td>dried fruits</td>
<td>plain bread, bagels</td>
</tr>
<tr>
<td>yogurt</td>
<td>dried beans</td>
<td>unsalted crackers</td>
</tr>
<tr>
<td>cheese</td>
<td>bananas</td>
<td>fresh or frozen fruits, vegetables (not canned)</td>
</tr>
<tr>
<td>sardines</td>
<td>avocados</td>
<td>fresh meats, poultry, fish (not processed)</td>
</tr>
<tr>
<td>almonds (grind to prevent choking)</td>
<td>nuts such as walnuts, pecans, peanuts (grind to prevent choking)</td>
<td>foods made at home without salt, condiments or salty foods</td>
</tr>
</tbody>
</table>

STIMULANTS  Stimulants are used to treat attention deficit hyperactivity disorders (ADHD).  
Examples: Ritalin®, Dexedrine, Pemoline

If your child’s appetite is low:
◆ Offer nutritious, high-calorie foods at regular meals and snacks.
◆ With the permission of a physician, give the lowest dosage of medication possible.
◆ Give medication in between meals.

If your child is having trouble sleeping, give medication six hours before bedtime.

LAXATIVES  Laxatives may be used to treat constipation.  
Other methods to prevent constipation should always be used first.  
Examples: Senekot®, Colace®, Mineral oil, Ex-Lax®

To take medications safely:
◆ Do not give mineral oil to children under 3 years of age.
◆ If mineral oil must be used, give mineral oil on an empty stomach (two hours before or after eating).
◆ Try not to use mineral oil for more than a few months.

To prevent constipation:
◆ Offer six to eight glasses of fluid a day and take medication with a glass of water.
◆ Serve high-fiber foods (cooked dried peas and beans, whole grain breads and grains, fruits and vegetables).
◆ Help your child use the toilet regularly.
◆ Encourage weight-bearing exercise every day.
Maneras de Ayudar a un Niño que Está Tomando Medicamento

**ANTICONVULSANTES**

Los medicamentos anticonvulsantes se utilizan para el tratamiento de las convulsiones.

*Ejemplos:* Phenobarbital, Dilantin®, Tegretol®, Klonopin®

Para mantener los huesos y cuerpo saludable de su niño:
- Ofrezca comidas altas en calcio: leche, yogurt, queso, sardinas, almendras molidas.
- Saque su niño al sol por 10 a 15 minutos todos los días. (Use crema para protección del sol.)
- Ayude a su niño que haga ejercicio todos los días. Que sea ejercicio en el cual se tenga que parar si es posible. Por ejemplo caminar, correr, saltar, bailar.
- Si la boca de su niño está muy seca procure mojar las comidas secas, ofrecer líquidos con cada bocado, y servir menos comidas saladas.
- Ofrezca comidas altas en ácido fólico todos los días.

### COMIDAS ALTAS EN ÁCIDO FÓLICO

<table>
<thead>
<tr>
<th>Frijoles y lentejas</th>
<th>Verduras hojas verdes</th>
<th>Nueces y semillas (muelan las nueces para prevenir atragantamiento)</th>
<th>Frutas</th>
</tr>
</thead>
<tbody>
<tr>
<td>frijoles pintos</td>
<td>brocoli</td>
<td>manís (cacahuates)</td>
<td>naranjas y jugo de naranja</td>
</tr>
<tr>
<td>garbanzos</td>
<td>aselgas</td>
<td>crema de maní</td>
<td>toronja y jugo de toronja</td>
</tr>
<tr>
<td>frijoles negros</td>
<td>espinacas</td>
<td>semillas de girasol</td>
<td>piña</td>
</tr>
<tr>
<td>frijoles rojos</td>
<td>lechuga romana</td>
<td>almendras</td>
<td>melón</td>
</tr>
<tr>
<td>frijoles veronica</td>
<td>okra</td>
<td>nuez de nogal</td>
<td>plátanos (guineos)</td>
</tr>
<tr>
<td>(pinguinos)</td>
<td>esparagros</td>
<td></td>
<td>aguacates</td>
</tr>
<tr>
<td>chícharos</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ANTIBIOTICO**

Los antibióticos se utilizan para el tratamiento de infecciones.

*Ejemplos:* Amoxicillin, Ampicillin, Bactrim®, Macrodantin® Tetracycline, Cefixim®

Si a su niño le da diarrea temporal:
- Ofrezca comidas bajas en fibra: arroz blanco, puré de manzana, pan blanco tostado, plátanos (guineos).
- Sirva yogurt hecho con culturas vivas (“live cultures”).
- No sirva comidas grasosas o picantes.
- Recuerde que la diarrea se quita entre dos o seis días después de que el niño deje de tomar el medicamento.

Si el niño pierde el apetito:
- Ofrezca comidas altas en calorías y nutritivas para aumentar de peso.
- Ayude a su niño a que tome suficientes líquidos.
- Ayude a su niño a que coma suficientes comidas de leche, carnes y cereales.

*continuada en el reverso*

Nutrition Strategies for Children with Special Needs
MEDICAMENTOS CARDIACOS

Los medicamentos cardiacos se utilizan para el tratamiento de problemas con el corazón.

_Ejemplo:_ Digoxín

Si su niño tiene nauseas, vómito o diarrea:
◆ Ofrezca comidas pequeñas varias veces durante el día.
◆ Ofrezca comidas altas en potasio y bajas en sal.

<table>
<thead>
<tr>
<th>COMIDAS ALTAS EN CALCIO</th>
<th>COMIDAS ALTAS EN POTASIO</th>
<th>COMIDAS BAJAS EN SAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>leche</td>
<td>fruta seca</td>
<td>pan sin sabor</td>
</tr>
<tr>
<td>yogurt</td>
<td>frijoles</td>
<td>bagels</td>
</tr>
<tr>
<td>queso</td>
<td>plátanos</td>
<td>galletas sin sal</td>
</tr>
<tr>
<td>sardinas</td>
<td>(guineos)</td>
<td>frutas y verduras frescas o congeladas (no enlatadas)</td>
</tr>
<tr>
<td>almendras (molidas para prevenir sofocos)</td>
<td>aguacates</td>
<td>carnes y pescado fresco (no procesado)</td>
</tr>
<tr>
<td></td>
<td>espinacas</td>
<td>comidas hechas en casa sin sal, sin condimentos salados y sin comidas saladas</td>
</tr>
<tr>
<td></td>
<td>nueces como nuez de nogal, nuez del valle, maní (cacaquite), (molidas para prevenir sofocos)</td>
<td></td>
</tr>
</tbody>
</table>

ESTIMULANTES

Los medicamentos estimulantes se utilizan para el tratamiento de la hiperactividad (ADHD)

_Ejemplos:_ Ritalin®, Dexedrine, Pemoline

Si su niño tiene poco apetito:
◆ Ofrezca comidas nutritivas y altas en calorías a la hora de las comidas y bocadillos.
◆ Con el permiso de su médico, dele a su niño una dosis más pequeña del medicamento.
◆ Dé medicamento entre comidas.

Dé el medicamento seis horas antes de dormir si su niño tiene problemas para dormirse.

LAXANTES

Los laxantes se utilizan para el tratamiento del estreñimiento.
Siempre trate de usar otras maneras de prevenir el estreñimiento primero.

_Ejemplos:_ Senekot®, Colace®, Mineral oil, Ex-Lax®

Para tomar el medicamento con precaución:
◆ Nunca le dé aceite mineral a un niño menor de tres años.
◆ Si tiene que usar aceite mineral, se debe dar a un estómago vacío (dos horas antes o después de haber comido).
◆ Trate de no usar el aceite mineral por más de unos cuantos meses.

Para prevenir el estreñimiento:
◆ Ofrezca de seis a ocho vasos de agua por día y tome el medicamento con un vaso de agua.
◆ Sirva comidas altas en fibra (frijoles y lentejas, pan integral, granos integrales, frutas y verduras).
◆ Ayude a su niño a usar el excusado todos los días.
◆ Anime a su niño a que haga ejercicio todos los días.
Nutrition supplements, such as vitamins and minerals, are often promoted in the popular press as being able to cure a variety of health problems. But little is known about the effects of many nutrition supplements — good or bad — especially on children’s health. Children with special needs may need to supplement their food intake, such as when they are unable to obtain the nutrients they need from food sources. The safest and most effective supplements contain amounts defined by the RDI (Reference Daily Intake) for all the vitamins and minerals for which there is a known need. These are called general or complete supplements. The label provides the amount as % DV (Daily Value). Giving children a supplement of a single nutrient, unless prescribed by a physician, is not recommended. It is best to consult with a child’s physician before giving any supplements.

Obtaining Nutrients from Foods

Healthy children can get the nutrients they need by eating a variety of foods from all the food groups of the Food Guide Pyramid (refer to Food Guidelines section). Nutrition researchers have found that certain amounts of specific nutrients are needed to stay healthy. The number and size of servings recommended by the Food Guide Pyramid are designed to provide sufficient amounts of known nutrients. All nutrients (known and unknown components in foods) work together in a natural balance to promote health. When nutrition supplements are taken, this nutrient balance can be disturbed, causing more harm than good.

Supplements Children Might Need

Most children do not require nutrition supplements unless they are at nutritional risk or show signs of a nutrient deficiency. For example, children who do not eat any foods from one or more food groups are at risk for poor nutrition and health. A supplement, prescribed or recommended by a physician, would provide some “health insurance” and may be more helpful than harmful in this case.
Certain health conditions warrant taking nutrition supplements. In these cases, a physician may prescribe a single-nutrient supplement. For example, when children have anemia or they are at risk for it, iron may be prescribed. Also, some medications may interfere with the way the body uses a specific nutrient. For example, phenobarbital (a seizure-control medication) interferes with the absorption of folic acid (a B vitamin). When a child is taking medications for a long time, it may be a good idea to supplement with nutrients known to be affected.

Occasionally, even children who are healthy and eat foods from all food groups may require a supplement at some point in life. Fluoride, for example, is often prescribed by a physician for children. This is done for a short time when infants are breastfed exclusively or because the family’s water supply is not fluoridated.

**Giving Children Supplements**

If a physician prescribes a supplement for a child, parents or caregivers can help the child get the most benefit from the supplement by knowing when and how to give it. When parents or caregivers have any questions about a prescription supplement, they should be encouraged to ask their pharmacist, physician or nurse. Some supplements are best taken with meals, since the nutrients in the supplement then get a chance to support the nutrients in the food. Some supplements are taken for a short period of time, while others are needed over the long-term (check to see if refills are included).

The form of supplement (solid, liquid drops, etc.) will also affect how or when it is taken. Drops are easiest for infants and can be given alone or with a drink (provided the child drinks all of the liquid). For young children who cannot swallow pills, there are several ways parents can prepare a solid supplement so it can be swallowed. For example, parents can crush a compressed tablet or cut it in half and mix it in a spoonful of applesauce. Most children can then swallow this comfortably. Capsules can be opened and the contents mixed with a favorite food or drink. As with medications, taking supplements should be monitored carefully.
## STRATEGIES

...for Children Taking Supplements

<table>
<thead>
<tr>
<th>ASSESS FURTHER</th>
<th>PLAN FOR ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child taking nutrition supplements? If so, determine if supplements pose a nutritional risk by asking the child’s parent/caregiver the questions below.</td>
<td>With the parent/caregiver, develop a plan using the suggestions below and the education materials in this section:</td>
</tr>
<tr>
<td>1. Does the child take a prescribed supplement for one or more nutrients?</td>
<td>1. If the answer is yes:</td>
</tr>
<tr>
<td>2. Does the child take a general or complete supplement not prescribed by a physician?</td>
<td>2. If the answer is yes:</td>
</tr>
<tr>
<td>3. Does the child take a general or complete supplement prescribed by a physician?</td>
<td>3. If the answer is yes:</td>
</tr>
<tr>
<td>4. Does the child refuse all foods from any one food group?</td>
<td>4. If the answer is yes:</td>
</tr>
</tbody>
</table>

♦ Choose What You Can Use: Ways to Help a Child Taking Nutrition Supplements

♦ Choose What You Can Use: Nutrition Supplements for Children

1. If the answer is yes:
   ♦ Confirm that the parent/caregiver knows why, when, how, and for how long to give the supplement.

2. If the answer is yes:
   ♦ Ask why the child takes the supplement.
   ♦ Ask how long child has been taking it.
   ♦ Check that the supplement is complete and provides 100% of the Daily Value (% DV) for most nutrients (especially iron, zinc and copper), and does not contain excessive amounts (>200% DV) of any nutrient.

3. If the answer is yes:
   ♦ Check that the supplement is complete and provides 100% of the Daily Value (% DV) for most nutrients (especially iron, zinc and copper).

4. If the answer is yes:
   ♦ See suggestions in the Inadequate Intake section. If the parent/caregiver asks for advice on supplements, give her or him a copy of Choose What You Can Use: Dietary Supplements for Children.
Ways to Help a Child Taking Nutrition Supplements

Healthy children can get the nutrients they need by eating a variety of foods from all the food groups of the Food Guide Pyramid. All nutrients (and other, even unknown, components in foods) work together in a delicate balance to promote health. Taking individual supplements of specific vitamins or minerals can disturb this nutrient balance, causing more harm than good. Thus, giving children a supplement of a single nutrient, unless prescribed by a doctor, is not recommended.

Some children may need a nutrition supplement, however. Discuss any supplement with your child’s physician. If your child takes a supplement, here are some ways you can help your child get the most from it.

If a physician has prescribed a supplement for your child:
- Follow the physician’s instructions exactly.
- Make sure you know why, when, how, and for how long your child should get the supplement.
- If you have any questions about the supplement, be sure to ask the physician, pharmacist, dietitian or nurse.

If your child has trouble taking the supplement in the form provided (drops, pills, capsules):
- Drops can be added to a drink, as long as the child drinks all of the liquid. Drops containing fluoride should not be added to milk or formula.
- If your child cannot swallow a pill, crush it (by pressing it between two spoons) or cut it in half and mix it in a spoonful of applesauce or other soft food your child likes.
- Open capsules and mix the contents with a favorite food or drink. Make sure your child eats or drinks all of it.
- Most supplements are best taken with meals.

If you feel your child needs a supplement:
- Ask your physician or a registered dietitian to help you choose what is best for your child.
- Try to help your child eat a variety of foods to get the nutrients he or she needs.

If you want to give your child a supplement for extra “insurance”:
- Buy only a complete supplement made for children, one that contains all the vitamins and minerals for which there is a known need. Examples are listed on Choose What You Can Use: Dietary Supplements for Children.
- Make sure it provides (but does not exceed) up to 100% of the Daily Value (% DV) for iron, zinc, copper, and most other nutrients.
Maneras de Ayudar a un Niño que Toma Suplementos de Nutrición

Los niños saludables pueden recibir toda la nutrición comiendo una variedad de alimentos de los grupos de la pirámide de alimentos. Los nutrientes (y otros componentes de las comidas) trabajan juntos en un balance delicado para promover la salud. Si toma suplementos de vitaminas o minerales individuales, puede causar un desbalance, causando más daño que beneficio. Dárle a su niño un suplemento de un solo nutriento no se recomienda. Si el médico del niño le da receta para un solo nutriente, entonces está bien.

Sin embargo algunos niños si necesitan tomar un suplemento de nutrición. Discuta todos los suplementos con el médico de su niño. Si su niño toma un suplemento de nutrición, aquí hay algunas sugerencias para que su niño agarre el mayor beneficio del suplemento de nutrición.

Si su médico le ha recetado un suplemento de nutrición:
◆ Siga las instrucciones del médico al pie de la letra.
◆ Interese porque, como, cuando y por cuanto tiempo tiene que tomar el suplemento de nutrición.
◆ Dirija sus preguntas sobre el suplemento de nutrición al médico, enfermera, nutricionista o farmacéutico.

Si su niño tiene problemas tomando el suplemento en la forma que se la dieron (gotas, pastillas, cápsulas):
◆ Las gotas se pueden agregar a todas las bebidas con solo que el niño se tome todo el líquido. Las gotas con floruro no se deben agregar a la leche o fórmula.
◆ Muela las pastillas entre dos cucharas si su niño no se puede pasar las pastillas. También puede partir la pastilla en dos y mezclarla con una cucharada de puré de manzana o alguna otra comida suave que le guste a su niño.
◆ Habrá las cápsulas y mezcle el contenido con su bebida o comida favorita. Asegúrese de que su niño se tome o coma toda la bebida o comida.
◆ Casi todos los suplementos funcionan mejor tomados con alimentos.

Si Ud. siente que su niño necesita un suplemento de nutrición:
◆ Pregunte a su médico o nutricionista que le ayuden a escoger el mejor suplemento para su niño.
◆ Ayude a su niño a que coma una variedad de comidas para que reciba todos los nutrientes que el necesita.

Si Ud. quiere dársé un suplemento de nutrición a su niño como una “seguridad” extra:
◆ Compre un suplemento completo hecho para niños, uno que contenga todas las vitaminas y minerales que se sabe que son necesarias. Los ejemplos se encuentran en la hoja (Escoja lo que pueda usar: suplementos de dieta para niños.).
◆ Asegúrese de que el suplemento prové (pero no sobrepase) el 100% de “daily value” (%DV) de hierro (iron), cinc (zinc), cobre (copper) y otros nutrientes.
Nutrition Supplements for Children

The following vitamin/mineral supplements are listed as examples of nutrition supplements recommended for different age groups. Based on your child’s age and the purpose for the supplement, choose the one which seems to meet your child’s need. Discuss your selection with your child’s physician. In many cases, a store or generic brand of a vitamin and mineral supplement will be more economical and provide similar nutrients as a brand-name supplement. Read and compare the labels carefully.

INFANT (up to one year of age)
Usually infants do not need vitamin or mineral supplements if they are taking adequate quantities of breastmilk or iron-fortified infant formula, and solid foods are introduced as recommended. However, some physicians recommend supplements of vitamin D (such as a tri-vitamin). Fluoride supplements, commonly recommended for infants, are only available by prescription. Check with your physician if you think your baby needs a supplement. Supplements are usually available in drop form for infants.

TODDLER (1 to 4 years of age)
Older infants and toddlers often go through stages where they are “picky” eaters or have feeding difficulties. Sometimes these children benefit from taking a complete multiple vitamin and mineral supplement. There are many complete supplements available in chewable form that can also be crushed and added to a spoon feeding. Supplements should not contain more than 100% of the Daily Value (DV) for any one nutrient, and should include minerals like iron, zinc and copper as well as vitamins. Children ages 1 to 4 usually need only half of a tablet designed for older children, or can be given one tablet every other day.

Examples of this kind of supplement are:
- Flintstones®
- Bugs Bunny®
- Sesame Street®
- Centrum Junior®
- Thrifty/RiteAid®
- Lucky/Savon®

NOTE: Most of these brands of supplements come in several forms, such as vitamins only or vitamins with calcium or extra vitamin C. The best supplements are the complete versions, with minerals like iron, zinc and copper as well as vitamins.

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CHILD (4 to 11 years of age)
Most children’s chewable tablets are designed to meet 100% of the Daily Value (DV) for this age group. Check to make sure that the supplement is the complete form, including minerals like iron, zinc and copper as well as vitamins. Examples of complete supplements for children this age are the same as for younger children (see the list on the reverse), but children ages 4 to 11 can take one tablet per day.

ADOLESCENT (12 to 18 years of age)
In adolescence, girls’ and boys’ nutrient requirements begin to be different, with girls needing additional iron and calcium compared to their other nutrient needs. Girls can take supplements designed for women, and boys can also take adult supplements. Although they are not the same size as adults, the nutrient needs of adolescents are higher in relation to their size because they are growing.

Examples of complete supplements for adolescents include:
- One-a-Day® with Minerals
- Centrum®

NOTE: A complete multi-vitamin and mineral supplement will not usually contain 100% of the calcium recommended at any age. Calcium is a bulky mineral (used for building bones) and cannot be compressed into a small pill. Calcium supplements, if needed, are usually sold separately in tablets of 250 to 500 mg apiece. TUMS®, a calcium-containing antacid, is a safe and inexpensive source of calcium, providing 135 mg per tablet.
Suplementos de Nutrición para Niños

Los siguientes suplementos de vitaminas/minerales son ejemplos de suplementos de nutrición que son recomendados para niños de diferentes edades. Tomando en cuenta la edad de su niño, y el propósito del suplemento, escoja el que mejor provéa para su niño. Discuta su selección con el médico de su niño. En muchos casos la marca del suplemento de vitaminas/minerales no importa. Las marcas de las tiendas o las marcas genéricas son más económicas y provéen los mismos nutrientes. Lea y compare las etiquetas.

**INFANTES (hasta un año de edad)**
Si su infante está tomando suficiente leche materna o fórmula con hierro, y las comidas sólidas se le han dado como se recomienda, la mayoría de los infantes no necesitan suplemento de vitaminas/minerales. Sin embargo algunos médicos recomiendan suplementos que contienen vitamina D (como el Tri-vitamin). Los suplementos de floruro, que también son recomendados con frecuencia, solo se consiguen con receta médica. Pregúntele al médico de su niño si Ud. cree que su niño necesita un suplemento. Los suplementos se encuentran en forma líquida para los infantes.

**NIÑOS (de 1 a 4 años)**
Niños de 1 a 4 años pasan por etapas en las cuales son muy particulares para comer o tienen dificultad comiendo. Hay ocasiones en las cuales estos niños se benefician al tomar una vitamina múltiple completa y suplemento de minerales. Hay muchos suplementos completos que se encuentran en forma de pastilla masticable. Esta pastilla también se puede moler y agregársele a la comida. Los suplementos no deben tener más de el 100% del valor diario (“daily value”) de ningún solo nutriente. También deben contener minerales como hierro, cinc y cobre al igual que otras vitaminas. Los niños entre 1 a 4 años solamente necesitan la mitad de una pastilla de niños mayores o le puede dar una pastilla entera cada otro día.

Ejemplos de esta clase de suplementos son:
- *Flintstones®*
- *Bugs Bunny®*
- *Sesame Street®*
- *Centrum Junior®*
- *Thrifty/RiteAid®*
- *Lucky/Savon®*

**Nota:** Casi todas estas marcas de suplementos se pueden comprar en varias formas, por ejemplo solamente vitaminas, vitaminas con calcio o extra vitamina C. Los mejores suplementos son las versiones completas que contienen los minerales hierro, cinc, cobre y otras vitaminas.

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NIÑOS (de 4 a 11 años)
Casi todas las vitaminas para los niños de esta edad están creadas con el 100% del valor diario (daily value o DV). Asegure que el suplemento sea completo y contenga los minerales hierro, cinc, cobre y también las vitaminas. Ejemplos de suplementos para estos niños son los mismos de los niños de edades 1 a 4 (mire arriba), pero recuerde que estos niños pueden tomar una pastilla entera todos los días.

ADOLESCENTES (12 a 18 años de edad)
En la adolescencia, los requisitos nutritivos de niños y niñas empiezan a ser distintos. Las niñas necesitan más hierro y más calcio comparado con sus otros requisitos de nutrientes. Las niñas pueden tomar suplementos para mujeres, y los niños también pueden tomar suplementos para adultos. Aunque no son tan grandes como los adultos, los jóvenes necesitan más nutrientes en proporción con su tamaño de cuerpo porque todavía están en etapa de crecimiento.

Ejemplos de suplementos completos para adolescentes son los siguientes:

◆ One-a-Day® with Minerals  ◆ Centrum®

NOTA: Por lo general, un suplemento completo de multi-vitaminas y minerales no contiene el 100% del calcio que se recomienda. El calcio es un mineral grande (se utiliza para formar los huesos) y no se puede compresar en una pastilla pequeña. Si un suplemento de calcio es necesario, lo puede comprar en tabletas de 250-500 mg por pieza. Una buena fuente de calcio que es segura y económica es el antiácido TUMS que provee 135 mg de calcio por tableta.
Cerebral Palsy — Effects on Nutrition Status and Feeding

Cerebral Palsy (CP) is a non-progressive disorder of the brain that results in abnormal muscle control, tone or coordination, depending on the extent and location of the brain injury. Increased tone (stiffness, hypertonicity, spasticity) occurs in 60 percent of children with cerebral palsy. Other children may have low muscle tone (hypotonia). Abnormalities in tone may cause incoordination of the muscles involved in swallowing, chewing, passage of food along the gastrointestinal tract, and elimination. Gastroesophageal reflux (GER), poor growth, and dental problems may also be seen in children with CP.

Oral Motor Problems Affect Food Intake

Children with cerebral palsy often consume less food due to tongue thrust, poor lip closure, or abnormal reflexes. Delayed development of feeding skills may lead to prolonged mealtimes or unfinished meals because of the frustration or fatigue of the caregiver and/or child. GER, seen in approximately 25 percent of children with moderate or severe CP, may cause pain during swallowing, so that eating is unpleasant and intake decreases.

Children with CP Need High-Calorie, Nutrient Dense Foods

Most infants and children with cerebral palsy will be able to eat by mouth. Foods should be chosen which provide the greatest nutrient intake. Infants may need 24 to 30 kcal/oz (calories per ounce) formula, whereas the typical formula contains 20 kcal/oz. However, the higher calorie, more concentrated formula may increase the burden on an infant’s kidneys, or contribute to constipation in a toddler. The use of a higher calorie formula should be discussed first with the infant’s physician. Children weighing over 20 pounds or older than one year of age can be given high-calorie, nutrient-dense foods such as sweet potatoes, grated cheese, mashed beans or spreads made with dried fruits.
Varied Food Texture Is Important

When possible, children should be offered foods with different food textures. Some foods can be smooth and easily eaten. Other foods should have more texture (with lumps or in pieces) in order to encourage tongue movements or chewing. A therapist specializing in feeding can determine what food textures are appropriate for a child.

Positioning and Feeding Aids Are Crucial to Adequate Intake

An occupational or physical therapist can recommend a position for feeding which supports the child, minimizes abnormal tone and reflexes, and makes it easier to swallow food. Input from both a therapist and a nutritionist is essential to any program designed to promote oral motor development and increase nutrient intake. Plastic coated small spoons may make it easier to feed an infant. Special bowls and non-skid mats can make it easier for a child to self-feed, thereby increasing independence and, in some instances, food intake.

Non-Oral Feeding May Be Necessary

Some children may have such poor oral-motor skills that a combination of oral intake and intermittent or nighttime NG (nasogastric) or G tube (gastrostomy tube) feeding may be needed. A pediatric gastroenterologist and/or feeding team evaluation can determine the best ways to feed the child.

Constipation Can Decrease Appetite and Food Intake

Due to abnormal muscle tone and other factors, children with CP often have slower movement of food through the GI tract. Increased fluids can improve this problem. If swallowing thin liquids causes choking, liquids can be thickened with yogurt or instant baby cereal. Some infants may benefit from formulas containing fiber. For the child over 20 pounds or one year of age, higher-fiber foods such as whole-grain cereals, cooked vegetables and raw fruits will help with elimination. Both increased fluids and fiber are needed to lessen constipation.
Poor Growth Is Common in Children with CP

Up to 40 percent of children with CP were born prematurely or with a low birth weight. These infants need time and extra nutrition for catch-up growth. When assessing growth of a premature baby, chronological age must be corrected for prematurity before the weight and height are plotted. Measuring the growth velocity or rate of growth (grams/week or centimeters/month) is helpful in determining whether a child is growing at a slower, expected, or catch-up rate (see Nutrition Screening section). Short-term NG tube feedings can be a very helpful and necessary therapy for the child with poor growth who is having difficulty eating.

Mouth Structure and Prolonged Bottle Feeding
Increase Risk of Dental Caries

Tongue protrusion, weak oral-facial muscles or prolonged bottle feeding in children with CP may cause malocclusion or an anterior open bite. Good oral hygiene is important in preventing cavities. Regular dental visits for children should begin at age two. But children with active infection, pain or other dental problems should be referred to a dentist for immediate care, regardless of the child’s age. Fluoride drops or tablets and dental sealants may protect a child’s teeth from decay.
**Down Syndrome — Effects on Nutrition Status and Feeding**

At birth, infants with Down Syndrome may be diagnosed with congenital heart disease or blockage of the intestine (duodenal atresia). During infancy, feeding problems often develop due to oral hypotonia (low tone), small oral cavity causing tongue protrusion, and delayed and/or abnormal tooth formation. Short stature (height), decreased head circumference and a tendency toward obesity are also common. Specialized growth charts for children with Down Syndrome are available and should be used to assess length or height (see Nutrition Screening section). Appropriateness of weight for height should be assessed using the NCHS growth charts.

**Optimal Nutrient Intake Is Needed After Birth**

All infants need adequate nutrients (protein, fat, carbohydrates, vitamins, minerals, water) from breastmilk or infant formula to promote cell growth throughout the body.

Some infants with Down Syndrome need extra nutrients and calories. If an infant is born with intestinal blockage, emergency surgery will be performed. Additional nutrients will be needed to repair tissue and to recover from the stress of surgery. Heart repair, when needed, may be postponed until the infant has reached a specific weight.

When heart disease is severe, the infant may have breathing difficulties, making it more difficult to take formula by mouth. Breathing difficulties also will mean lack of oxygen to body tissues and extra work for the heart. Lack of oxygen will result in incomplete metabolism of nutrients. Breathing difficulties, incomplete metabolism, and greater demands on the heart all increase nutrient and energy needs.

Increases in weight, length, and head circumference must be measured regularly (weekly, while weight gain is a goal). This helps to determine if dietary intake is resulting in appropriate growth (plotted on Down Syndrome growth charts). Breastmilk can be supplemented, or a calorically-dense formula (24 to 30 kcal/oz) can be given if weight gain is insufficient.
Some infants and children with Down Syndrome, on the other hand, do not need extra calories. Older infants and toddlers who do not have heart disease may need fewer calories due to low muscle tone and/or delayed motor skills. Although fewer calories are needed, protein, mineral and most vitamin requirements remain the same, so foods must be carefully selected to provide adequate nutrients in fewer calories (see Overweight section of this manual).

**A Feeding Assessment May Prevent Feeding Problems**

During the first 12 months of life, a feeding assessment is recommended for all children with Down Syndrome. At this time, adequacy of food intake, growth rate, oral motor skills, caregiver concerns and knowledge of feeding skills are evaluated. A feeding plan is developed that can be incorporated into the daily routine. Normalization of oral-motor tone is a part of an overall infant development program. An upright position, appropriate feeding equipment, jaw control, behavioral strategies, and caregiver counseling (with demonstration of techniques) will facilitate the development of adequate feeding skills.

Foods for meals and snacks should be chosen for their nutritional value. Higher or lower calorie food choices should be selected to promote a normal rate of growth based on the Down Syndrome growth chart. At the same time, the goal is to maintain weight for height ideally between the 25\textsuperscript{th} and 75\textsuperscript{th} percentiles on the NCHS growth chart.

The child with low tone may not be as aware of liquid or food in the mouth. Thus, the sucking or chewing rate may be slowed and swallowing may be delayed. If the child’s mouth gets too full, chewing becomes more difficult and the gag reflex may be triggered, causing the child to spit up. When oral skill development is delayed, the gradual transition from pureed to chopped and bite-sized foods may be slowed. It is important to continue to progress toward more textured foods, or the child may later refuse lumpy foods when they are introduced. A feeding assessment may identify possible interventions that can help maximize the child’s ability to eat and grow.
Vitamin and Mineral Needs May Increase

In children with Down Syndrome, biochemical abnormalities suggestive of poor nutritional status have been reported for vitamins A, B₆, folacin, and the mineral zinc. Decreased resistance to infection (runny nose, conjunctivitis) may be the result of inadequate nutrient intake and nutrient insufficiency at the cellular level. As with all children, foods served for meals and snacks, both at home and away from home, must be chosen for high nutrient content. When a child is unwilling or unable to eat the amount of food necessary, or the caregivers are unable to provide adequate food, a pediatric multivitamin/mineral supplement may be useful (see Supplements section in this manual). Remember that the supplement does not take the place of a good and varied diet.

Overweight Can Be Prevented

If a child consumes more food than is needed for body maintenance, growth and activity, fat stores increase. Children with Down Syndrome may be less active (due to hypotonia and delayed gross motor skills) and shorter than other children of the same age. Children in the 25 to 48 month age range appear to be at increased risk for overweight based on increasing weight for height. Early intervention programs serving children with Down Syndrome can help prevent overweight by working with caregivers to encourage activities which will help develop gross motor skills, by performing nutrition screening and making a referral as needed, and by providing caregivers with information on feeding children
Substance abuse is estimated to occur in 10 to 15 percent of all pregnancies in the U.S. Although alcohol is the number one cause of birth defects, one-third of all passively addicted babies are thought to be exposed to cocaine. In the vast majority of cases there is exposure to more than one drug: cocaine and alcohol, cocaine and marijuana, or cocaine and barbiturates are common examples.

The effects of drug use on the fetus depends upon the stage of pregnancy and duration of exposure, as well as the number of drugs used. Some infants will have few long-lasting effects, while others may be severely impaired for life. Cocaine-exposed infants have an increased incidence of premature birth and low birth weight. Feeding problems are common in most infants prenatally exposed to drugs. The lifestyle of the substance-abusing woman (diet, sleep, exercise, smoking) affects her own health and nutritional status, and that of the infant.

**Lifestyle Effects on Pregnancy Outcome**

Women who abuse drugs during pregnancy are also at increased risk of lack of prenatal care, poor nutrition, infections and sexually-transmitted diseases. These factors increase the chance of a premature birth. Infants born prematurely are at risk for nutritional deficiencies, feeding problems, poor growth and developmental delay. Because these infants may require a longer hospital stay, infant-caregiver bonding may be more difficult to achieve.

**Drug Effects on Organ Development, Nutrition and Feeding**

Cocaine is a vasoconstrictor (restricts blood flow within the arteries). Restricted blood flow to the uterus results in intrauterine growth retardation due to decreased availability of oxygen, vitamins, minerals, amino acids, fatty acids and glucose. Decreased oxygen causes uterine irritability, which may result in premature birth. Reports indicate that cocaine use (either smoked or snorted) during pregnancy increases the risk of fetal abnormalities such as limb reduction defects, septal cardiac
defects, and gastrointestinal, genitourinary, central nervous system (CNS) and neurological abnormalities.

Neurological effects in infants with prenatal drug exposure include “driven and disorganized” behavior. Feeding behavior may range from frantic sucking and hyperphagia (overeating) to disinterest in eating or inability to suck. The baby may show oral hypersensitivity and overall tactile defensiveness. Distractibility may make it difficult to get the baby to attend to eating. Increased crying, with inability to soothe, may cause air to be swallowed, leading to gas formation.

Prenatal substance abuse often produces a small baby who is in need of increased nutrients for catch-up growth. However, because of CNS problems the baby may be less able to consume formula. Lastly, family caregivers may be depressed and have little expertise and patience to work with a difficult-to-feed infant.

**Intervention**

Although the incidence of breastfeeding by substance-abusing women is low, it is important to counsel women who want to breastfeed about the risks of drug use while breastfeeding. Infants who are unable to consume adequate formula for growth should have a feeding team assessment before hospital discharge in order to determine nutrient needs and feeding ability. A feeding plan should specify how to handle the baby, as well as feeding position, feeding environment (place, lighting, noise, equipment), calming or alerting techniques and formula type.

Formula may be offered on demand if the infant is capable of recognizing hunger and satiety. Otherwise, a schedule with recommended amounts per feeding is needed. Consistency in approach will help the infant to attend to feeding and consume the needed amount of formula. The hospital team will need to identify community-based resources (WIC, Regional Center, or high-risk follow-up programs) for post discharge follow-up. The primary caregiver will want to observe and “practice” feeding prior to discharge. Transition to home will be easier if the caregiver, hospital team, and community-based team communicate and set mutual goals.
Where to Get Forms and Parent Education Materials

This manual is not copyrighted. Please copy and distribute it, giving credit to the source. Additional copies of specific materials included in the manual may be ordered as follows:

Growth Charts

Infant formula manufacturers and many county health departments reprint these same charts. Here is one source:

Ross Laboratories
Customer Relations Department
625 Cleveland Avenue
Columbus, OH 43216
(614) 624-7920

If you are affiliated with a hospital, contact your Ross Laboratories sales representative. If you are not hospital-based, you can order growth charts by calling (800) 227-5767. When this manual was published, the cost was $6.00 for 100 growth charts. Remember to specify which charts you want to order (Girls: 0 to 36 months, 2 to 18 years; Boys: 0 to 36 months, 2 to 18 years).

WIC Brochures

WIC Program
California Department of Health Services
3901 Lennane Drive
Sacramento, CA 95834
(916) 928-8695 or 928-8692

Selected Titles:

- Feeding Your Baby
- Feeding Your 1 to 3 Year Old
- Feeding Your 4 to 5 Year Old
- Healthy Teeth for Happy Smiles
- Time for a Cup
- Iron for Strong Blood
- Is Your Child Constipated?
- Your Growing Child
These and other brochures are available at low cost in English and Spanish (some also in Chinese or Vietnamese). Local WIC Programs often give these brochures free to their clients; check with your local WIC agency. Call the number above to order more copies, or use the order form in the back pocket of this manual.

**Nutrition for Your Gastrostomy-Fed Child:**

**A Parent Handbook**

Pediatric Pulmonary Center (608) 263-9182
University of Wisconsin Hospital and Clinics (608) 263-6400
600 Highland Avenue, F4-120 (608) 263-8555
Madison, WI 53792

When this manual was published, the Handbook cost $5.00.
References and Resources

The following materials were used as references in developing the materials in this manual. They are currently in print and may be used for further information and education materials.


Hiding Extra Calories

If your child is having trouble gaining weight, here are some tips for “sneaking” more calories and protein into her favorite foods.
Good nutrition is necessary for all children to reach their physical and mental capabilities. One of the most common nutritional problems of children with special health care needs is that of inadequate weight gain. Poor weight gain may become a concern shortly after birth or at any time during the child's development. Children who do not gain weight as they should may develop slower than other children their age. Also, they often have less resistant to infections.

This booklet gives you practical ideas for adding extra protein and calories to your child's favorite foods. The intent is to "sneak" more calories and protein into the foods your child is already eating, as it may not be possible or advisable to increase the volume of food she eats. Tips also are given for serving nutritious snacks, since snacks may add important nutrients and extra calories that the child needs if she is not getting enough at mealtimes.

If you have questions or concerns about any of these suggestions, you should contact your child's doctor, nurse, nutritionist or dietitian.
**Super Drinks**

**High Protein Milk**

1 cup whole milk
¼ powdered nonfat milk

Dissolve powder in fluid milk.

**Fruit Shake**

1 cup milk
1 medium banana or ½ cup fruit
½ cup baby cereal

Blend well.

**Orange Shake**

½ cup orange juice
½ cup orange sherbert
¼ cup baby cereal

Blend well.

**Super Shake**

1 cup ice cream
1 cup milk
1 package Carnation Instant Breakfast

Blend well.

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**Adding Calories**

**Butter and Margarine**

Add to soup and baked potatoes, hot cereal, beans, rice, noodles and cooked vegetables; stir into sauce and gravies; combine with herbs and seasonings and spread on cooked meats, hamburgers and fish; use melted butter as a dip for raw vegetables.

**Whipped Cream**

Use unsweetened on soups and sweetened on cocoa, desserts, gelatin, pudding, fruits, pancakes, waffles; fold unsweetened into mashed potatoes or vegetable purees.

**Table Cream**

Use in soups, sauces, egg dishes, batters, puddings, and custards; put on cereal; mix with pasta and rice; add to mashed potatoes; pour on chicken and fish while baking; use in hamburgers and meatloaf; substitute for milk in recipes. Make cocoa with cream and marshmallows.

**Sour Cream**

Add soups, baked potatoes, vegetables, sauces, salad dressings, stews, baked meat and fish dishes, fruit salad, gelatin desserts, bread and muffin batter; top enchiladas, tacos, tostadas.

**Mayonnaise**

Add to salad dressing; spread on sandwiches and crackers; combine with meat, fish or vegetable salads; use in sauces and gelatin dishes.

**Honey**

Add to cereal, milk drinks, fruit desserts, glaze for meats such as chicken; add to yogurt as dessert. Spread on breads, tortillas, sopaipillas.

**Avocado**

Mash and use to top tortillas, tacos, tostadas, and salads. Slice and serve on toast, sandwiches, or as a side dish. Combine with sour cream and use as a dip for chips and vegetables.

**Dried Fruits**

Cook and serve for breakfast or as dessert; add to muffins, cookies, breads, cakes, rice and grain dishes, cereals and puddings, stuffings; bake in pies and turnovers; combine with cooked vegetables such as carrots, sweet potatoes, yams, acorn and butternut squash, combine with nuts or granola for finger snack.
## Adding Protein and Calories

<table>
<thead>
<tr>
<th>Cheese</th>
<th>Melt on sandwiches, hamburgers, other meats or fish, tortillas and sopaiillas, vegetables, eggs, desserts like stewed fruit or pies, grate and add to sauces, casseroles, vegetable dishes, beans, mashed potatoes, rice, noodles, meatloaf, breads, muffins.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottage Cheese</td>
<td>Mix with or use to stuff fruits or vegetables; add to casseroles or egg dishes like quiche and scrambled eggs; add to spaghetti or noodles; use in gelatin, pudding type desserts, or cheesecake; add to pancake</td>
</tr>
<tr>
<td>Cream Cheese</td>
<td>Spread on sandwiches, fruit slices, tortillas and crackers; add to egg or vegetables; roll into balls and coat with chopped nuts or wheat germ; use in cake frosting and as a dessert</td>
</tr>
<tr>
<td>Milk or Cream</td>
<td>Add to water used in cooking, or use in place of water in preparing foods such as hot cereal, soups. Serve cream sauces with vegetables and other appropriate dishes; use as liquid in bread or tortilla recipes.</td>
</tr>
<tr>
<td>High Protein Milk</td>
<td>Blend whole milk with dry skim milk powder using 1 cup dry powder for each quart of milk; substitute for regular milk in beverages and in cooking whenever possible; substitute for water in soups, cocoa, and pudding mixes; use on cereals, jello, and stewed fruits.</td>
</tr>
<tr>
<td>*Powdered Milk</td>
<td>Add to regular milk and milk drinks such as eggnog and milk shakes; use in casseroles; add to meatloaf, breads, tortillas, muffins, sauces, cream soups, pudding and custards, and milk-based gelatin salads or desserts.</td>
</tr>
<tr>
<td>Egg</td>
<td>Add chopped, hard-cooked eggs to salads and dressings, vegetables, casseroles, creamed meats; add an extra egg to French toast, pancake batter or baked goods.</td>
</tr>
<tr>
<td>Egg Yolks</td>
<td>Beat into sauces; add extra yolks to quiche, scrambled eggs, custards, puddings, pancake and French toast batter; a rich boiled custard made with egg yolks, high protein milk and sugar is a good source of calories and protein. Add extra hard-cooked yolk to deviled egg filling and sandwich spreads.</td>
</tr>
</tbody>
</table>

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### Super Veggies

#### Corn Casserole
- 2 cans cream-style corn
- 2 eggs
- ½ stick margarine, melted
- 1 tablespoon flour
- ½ teaspoon salt
- ½ teaspoon sugar

Combine all ingredients and bake for 1 hour in 350° oven. Makes 6 servings.

#### Vegetables with Cheese Sauce
- 1 package (16 ounce) vegetables (any type), cooked and drained
- ½ can condensed cheddar cheese soup
- ¼ cup evaporated milk
- ¼ cup buttered bread crumbs
- 2 slices American cheese

Place vegetables in shallow baking dish. Blend soup and milk; pour over vegetables. Top with cheese and bread crumbs. Bake in 350° oven about 30 minutes. Makes 5 servings.

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*In children under 2 years of age, it is not recommended that powdered non-fat milk be used in large amounts because the high-protein content may place an unnecessary burden on the developing kidney.*
**Super Main Dishes**

**Meat Loaf**

1½ pounds ground beef
½ cup powdered nonfat milk
4 tablespoons wheat germ
1 can condensed cream of mushroom soup
1 cup bread crumbs
¼ cup chopped onion
2 eggs, slightly beaten
½ teaspoon salt
Dash of pepper
¼ cup whole milk

Mix thoroughly beef, milk powder, wheat germ, ½ cup soup, bread crumbs, onion, eggs, salt and pepper. Shape firmly into loaf; place in shallow baking pan. Bake at 350° for 1 hour and 15 minutes. Blend remaining soup, milk, and 2 to 3 tablespoons drippings. Heat, stir, and serve over loaf. Makes 6 servings.

**Macaroni and Cheese**

3 cups cooked macaroni, drained
¼ stick margarine
2 tablespoons flour
2 egg yolks, slightly beaten
1 cup grated cheese
¼ cup evaporated milk plus ¾ cup milk
¼ teaspoon salt
Pepper to taste
6 crackers (crumbled)

Melt margarine; stir in flour, egg yolks, salt, and pepper. Add milk and grated cheese. Heat slowly, stirring often, until sauce is thickened. Place in baking dish, adding macaroni and cheese sauce alternately. Top with additional grated cheese and cracker crumbs. Dot with 4 teaspoons margarine. Bake at 400° until bubbly. Makes 6 servings.

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**Ice Cream**

Use in beverages such as sodas, milk shakes, or other milk drinks; add to cereals, fruits, gelatin desserts, and pies; blend or whip with bananas and soft or cooked fruits; sandwich between enriched cake slices, cookies, or graham crackers.

**Peanut Butter**

Spread on sandwiches, toast, muffins, crackers, waffles, tortillas, sopaipillas, pancakes, fruit slices; use as a dip for raw vegetables like carrots, cauliflower, celery; add to meatloaf, appropriately flavored soups and sauces, cookies, breads, muffins; blend with milk drinks and beverages; swirl through soft ice cream and yogurt; top cookies and cakes.

**Wheat Germ**

Serve as snacks; add chopped or ground nuts to ice cream, yogurt, puddings, breads, muffins, pancakes, waffles, cookies, meatloaf and hamburgers, vegetable dishes, salads, sandwiches; roll banana in chopped nuts.

**Nuts**

Add small pieces of any cooked meat or fish to vegetables, salads, casseroles, chile, soups and biscuit ingredients; use in omelets, quiches, sandwichmillings, chicken and turkey stuffings; wrap in pie crust or biscuit dough as turnovers; add to stuffed baked potatoes. Liver is an especially good source of protein and other nutrients if accepted.

**Baby Food Meats**

Mix with cream soups; thin mashed potatoes and beans; stir into casseroles.

**Beans**

Dry peas, beans, and bean curd (tofu) can be cooked and made into soup or added to casseroles, pastas, and grain dishes which also contain cheese or meat. Mash with cheese and milk.

**Plain or Sweet Yogurt**

Add to fruits and desserts; use to top cereal, pancakes, waffles, fill crepes; add to milk-based beverages and gelatin dishes.

*These foods are not recommended for children under 3 years of age or who do not have good chewing or swallowing skills.*
Super Snacks

Cream cheese and other soft cheeses
Sandwiches
*Nut Butter
Gelatin or fruit salads, desserts
Cheesecake
Bread products including muffins, crackers, tortillas
Cake and cookies made with whole grains, fruits, nuts, wheat germ, granola
Cereal
Creamed soups
Baby foods
*Buttered popcorn
Pizza
Dips made with cheese, beans, or sour cream
*Nuts
Juices
*Raw vegetables
Fresh and canned fruits
Dried fruits such as raisins, prunes, or apricots
Hard boiled and deviled eggs
Puddings and custards
Yogurt
Ice cream
Whole milk and milk shakes
Chocolate milk
High protein milk
All hard and semisoft cheeses
Cottage cheese
Applesauce

Super Soups

Vegetable -Beef Soup

1 can (10 ¾ ounces) cream of celery soup
½ cup High Protein Milk (see page 9)
1 jar (3½ ounces) strained beef (baby food)
1 jar (4½ ounces) strained carrots (baby food)
⅛ teaspoon garlic powder
⅛ teaspoon onion powder
Dash pepper

Potato-Cheese Soup

1 can (11 ounces) cheese soup
1½ cups mashed potatoes
½ cup High Protein Milk (see page 9)
¼ cup nonfat dry milk powder

Blend all ingredients until smooth. Heat in a saucepan to desired temperature.

Soup Variations

For variation, substitute other strained baby foods such as chicken, veal, ham or lamb with other vegetables combinations, or use up leftovers for added variety.

Remember...

- It is suggested that two to three snacks be given daily for weight gain along with the three regular meals.
- Space snacks appropriately between meals not to interfere with regular mealtimes.
- Sweets decrease the appetite. When served, sweets should be with a meal, not alone.

* These foods are not recommended for children under 3 years of age or who do not have good chewing and swallowing skills.