**Nutritional Assessment**

Case:

CC is a 6-year old male who was brought to your clinic for loose stools. 3 days prior to consult, the patient had 2 episodes of soft stools, yellowish and non-bloody. There were no consults done or medications given. On the day of consult, there was an episode of loose to watery stools, yellowish, non-bloody. The patient also presented with fever, T 37.9 C.

On physical examination, his weight was 17.6kgs, height of 118cm. His heart rate was 120bpm, respiratory rate of 24 breaths per minute, with temperature of 37.9 C. Abdomen was soft, nontender, with hyperreactive bowel sounds. You noticed that the oral mucosa and lips were dry.

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| What else would you like to ask in the history? | Ask about other signs and symptoms (frequency and amount of stool per episode, status of appetite and activity, abdominal pain, urine output, rashes)Past Medical History: meal history, food allergy, passage of worms, history of travelFamily Medical: similar illness in household or communityNutrition: mostly eat rice 1-2x/day; seldom eating meat, mostly vegetables and fishPersonal / Social: water source, food handling; 4th of the 6 children, mother housewife, father construction workerImmunization: Rotavirus |
| What else would you look for in the Physical Examination? | Anthropometrics: BMI (12.64, -3 < z < -2), if available, may ask for pre-illness weightVital signs: blood pressureOther signs of dehydration: pulses, skin status (warm and smooth), skin turgor, presence of tears, able to drink or feed, sensorium, sunken eyesOther signs of malnutrition: status of hair (black, coarse, smooth), nails, skinOther PE findings to look for focus of fever: mouth (oral ulcers, pharyngitis, tonsillitis, dental caries); ears (discharge); chest (look for signs of pneumonia); skin (nonhealing or fresh wound) |
| What are your differential diagnosis and basis for each? | Acute gastroenteritisParasitismUrinary tract infection |
| What tests will you ask for and why? What do you expect to find? | CBC – to look for signs of infection, and anemia – increased WBC count (neutrophilic predominance); Hgb 130mg/dL (acceptable for age 12.5g/dl)Urinalysis – to look for infection and hydration -- normalElectrolytes – to look for any derangements in electrolytes (due to losses or malnutrition) – Na, K, Phos, Ca acceptableStool exam – to look for infection (amoebiasis, parasitism) – normal, no eggs or E. histolytica |
| What is your primary working impression? | Acute gastroenteritis with some signs of dehydrationAcute malnutrition |
| What will be your management? | Supportive- adequate hydration and replacement of losses per orem (if not tolerated may do parental hydration)- fever controlOral zinc (20mg/day daily for 10-14 days)Optional: probiotics and racecadotril |
| How will you advise the parents or primary caregivers? What anticipatory guidance will you give? | Signs and symptoms to watch out forSigns and symptoms to watch out for needing immediate consultFollow-up scheduleImprove food handlingHandwashing and hygieneAdvise adequate nutrition using Pinggang Pinoy (go, grow and glow food and water)Regular weight monitoringImmunizationSafety at homeSchool preparation |