Healthy nutrition for a child

Health Intervention Plan

A) Brief summary of concerns about the child’s health and well-being.

An overview of Joshua would conclude that he is essentially a healthy six year old boy. Apart from being shy on an initial encounter, all his interactions and physical indices appear to be within normal limits. There were no obvious concerns about his developmental stage. He appeared to sleep appropriately. He lives with both parents and two siblings and communicates appropriately for his age.

Nutrition

Nutrition (24 hr recall) Breakfast different cereals; corn flakes, coco pops, with fruit – apples, bananas. Lunch, also fruit and noodles some times sandwich of hamburger or cheese. Dinner, vegetable soup, bread roll. Intake of sugar and fat could be high.

Nutrition is a major issue for many school children. It is not possible to say, as the result of a brief interview with Joshua, whether or not his general diet is a cause for concern. He clearly is not obese and appears to have an appropriate weight for his height. One can use his reported 24 hr intake as a discussion point. It can be seen that his diet is certainly varied, with fruit, some roughage and some protein (albeit probably processed). There is a suspicion that he has an excessive intake of carbohydrate and fat. If these suspicions have been raised, then it would be sensible to investigate them fully with interviews with the parents to establish whether further

empowerment and education of parents and child might be appropriate. (Crisp, J et al. 2005)

Sporting strategies

The report refers to Joshua's sporting ambitions. While there is every merit in encouraging Joshua to indulge in sport for both general fitness and development, one has to consider the possibility of injury and overuse damage that can occur in the pre-pubertal child who over-exercises in the hope of achieving his goal of being a professional footballer. One can identify the fact that talking about an area of interest such as sport can serve to engage the child and break down potential communication barriers, the nurse can also use the opportunity to present and discuss factors which are relevant to the child's health and can be worked into the context of the child's favourite sporting activity.

B) Strategies to address no more than two of these health concerns.

Nutrition.

The key to a changing a child's nutrition is to target the parents. (Hockenberry, M 2005). On one level this may seem completely obvious, but there are deeper repercussions to this statement. The implications of this comment will be discussed in the next segment. An appropriate strategy to tackle the problem is firstly to define Joshua's diet with a greater degree of certainty to ascertain if a problem actually exists. This could be done in a number of ways. Clearly one could ask him on a daily basis about his eating habits for that day. This might be reasonably accurate but would be

hopelessly inefficient. A better strategy might be to ask to see the parents and discuss the matter at some length with them. If there was any doubt, then one could ask for a food diary to be kept over a period of two weeks. One would have to be aware that this mechanism is capable of manipulation by the parents, but may provide a basis for discussion.

The nurse should be able to make a basic assessment of the situation and if there is any doubt then an appointment with the community dietician might help to resolve the problem. In any event, if concerns have been raised, then it is the nurse’s responsibility to monitor the child’s weight and plot it on a centile chart to document any significant change. Any significant deviations from the normal should ideally be referred to the primary healthcare team.

Sports

This is not an easy area in the pre-pubertal child. The evidence presented for Joshua does not suggest any problem. As a discussion point however, one can consider the fact that healthcare professionals have to tread a narrow path between encouraging a healthy interest in sport, which can help both body and mind develop properly, and allowing a particular interest in a particular aspect of sport to cause maldevelopment. This latter consideration can either come from a child (who may have some form of associated obsessive illness) or, more frequently from the parents who may have views about pushing the child to achieve. This can have repercussions not only in overuse syndromes, but in psychological issues relating to over-control and overt bullying.

An appropriate strategy would be to firstly define the problem with interviews with both the child and their parents. If a problem is believed to exist, then it may simply require advice and guidance for the parents from various healthcare professionals in the primary healthcare team. Specific overuse injuries may require specific interventions. It has to be noted that this is not a common problem, but if it is defined, then it should be taken seriously as the repercussions may have a significant impact on the child's development.

C The use of a wide selection of literature no more than 5 years old, to provide a rationale (justification) for each strategy. You are expected to reference this section.

Nutrition.

In general terms, the parents (and sometimes the school) are responsible for the provision of an adequate diet for the child, but the literature is full of examples of how maladaptive practices in parents can have quite marked clinical implications for the child's health.

A very recent paper by Moestue has studied the link between a child's nutritional status and the parental educational level (Moestue H et al. 2008). The nutritional values that the mother has been brought with up largely determines how she will feed her family. To a large extent this is independent of the family's financial means although the latter may have an adverse impact if it is very low. (Cochrane S H et al. 2000).

Obesity is perhaps the most common form of malnutrition and its incidence in developed countries is increasing at an alarming rate. (Maher E J et al. 2008). It is observed that obese parents tend to have obese children. This linkage may not simply be a genetic predisposition (although there is a strong genetic element) but the feeding habits of the mother (in particular) tend to be perpetuated in the child. (Lobstein T et al. 2004). To successfully tackle potential obesity in childhood has a number of positive effects in adulthood. The child who is obese will tend to be an obese adolescent and an obese adult. This will increase the chances of Type 2 diabetes, coronary artery disease and some types of cancer. Reducing the child's BMI to non-obese levels will reduce their susceptibility to these eventualities. (Zhu H et al. 2008)

In terms of tackling this problem, many authorities point to the fact that empowerment and education of the parents is the key to providing children with good eating habits. (Howe J et al. 2004). If these are established in childhood then they are more likely to persist throughout life. Such a remit may be beyond a simple intervention from the school nurse, but involvement of the multidisciplinary primary healthcare team may help in this respect.

Sport

This essay has highlighted the balance required between a healthy attitude to sport and overindulgence. Although the latter is unusual in this age group, when it happens it can have severe consequences. (Brenner J S, 2007). The reason why this is a particular problem in this age group is the fact that the pre-pubertal child has bones and ligaments which are still growing, as such

they cannot handle as much stress as adult bones. Children can get injuries which do not occur in adult life. The growing ends of bone (the ephyisis) can become detached or distorted resulting in abnormal growth. (O'Keefe L, 2007). The commonest source of such problems in this age group is parental pressure and expectation. Some parents have completely unrealistic expectations for their children. Others simply want to let the child have opportunities that perhaps they never had and, however misguidedly, push them too hard into sporting activities.

The healthcare professional has to be careful not to allow concerns relating to overuse problems to completely dissuade children from sporting activities. Some degree of physical exercise is vital, not only for the child's physical development, but also to develop habits which are essential for health in future life. (Allender S et al. 2008). This is particularly important in the child who is overweight and who, if this overweight is maintained into adult life, would be at greater risk of developing Type 2 diabetes (Hillsdon M et al. 2005).

Sports participation also aids development in a number of other, more subtle ways. It can encourage the ability to work in a team and also encourages self-reliance. Competitive instincts can also be developed with participation in many sporting activities. (Powell K E et al. 2006)

Appendix 1

Child's first name: Joshua Age Six Years School Fisk Street Primary School Gender Male

PHYSICAL ASSESSMENT Height 121 Weight 22 BMI 15. 2 Temperature 36. 8 Pulse 102 respiration 28 Oral health All teeth are in good condition. How could you tell? What was the state of the gums? DEVELOPMENT Speech He spoke very clearly/ but at the beginning he was shy and this is normal in his age. Was the voice hoarse, loud or soft? Interaction with the assessor Good level of interaction with assessor. HEALTH HISTORY Sleep pattern There are no sleep problems indicated. He sleeps from 8: 30 pm to 6: 00am Sports / Physical Activities On the weekend and some time after school activities are Soccer and football. TV / Screen hours per day He watch TV for Minimum of 2. 5 hours per day Other activities Play with his brother X Box and he go with his father for fishing Nutrition (24 hr recall) Breakfast different cereals; corn flakes, coco pops, with fruit – apples, bananas. Lunch, also fruit and noodles some times sandwich of hamburger or cheese. Dinner, vegetable soup, bread roll. Intake of sugar and fat could be high. It is hard to say with a one off assessment. Record any other comments made by the child about their general health status He is very good and strong

SOCIAL HISTORY People who live at home with the child (do not include names of individuals) Father, Mother, Brothers Sisters. Family activities Sport activities on week end, they do party for his birthday Friends of the child (do not include names of individuals) He said that he have many friends in the school

NOTE ANY OTHER ACTIVITIES YOU UNDERTAKE WITH THE CHILD Joshoa as I assess him he is healthy boy with good communication when I spoke with him also he have dream to be famous player when he will be old man as he said, and he always try to play and asking questions for many time when we

will play with balloon this gave me good idea about his health status. Showed good way of engaging with the child.

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