

Guidelines & References

ASCIA Guidelines - Infant Feeding and Allergy Prevention

Healthy Eating for Children. 2012. NHMRC

Infant feeding guidelines summary. 2012. NHMRC.

Eat for health. Infant feeding guidelines for health workers. 2012. NHMRC

Assessment Considerations

'Head to toe' assessment

↑/recurrent illness?

Energy levels (playing/happy)

sleep quality

level of irritability

appetite

missed days of school

Dietary: bottle vs breast, types/texture of food, solids?, quantities of food/form-ula/feed, fluids offered, allergy exposures, mealtime routine, family restrictions (e.g. culture, other beliefs)

Growth

Under 2 = weight-length

Over 2 = BMI → Plot on CDC BMI for age chart

Above 95% = obese

Above 85% = overweight

On 50% = healthy weight

Below 5% = underweight

Weighing

Supine (laying down) <24 months

Standing or Supine 24-36 months

Standing >36 months

Minimal clothing, dry nappy (40-50g dry)

Take 3 and average (if unsure)

Get the parent to hold head

Nut Reqs (Fluid)

Premature <37 weeks 150-200ml/kg

First 10 days 80-100ml/kg

0-3 months 140-160ml/kg

4-6 months 130-155ml/kg

7-12 months 120-145ml/dkg

1-3 years 1000ml/day

4-8 years 1200ml/day

9-13 years 1500ml/day

14-18 years 1500-2000ml/day

Premature (<37 weeks)

Fenton Growth Chart (<37 weeks) – indication of birth weight, not growth trend

Once they reach their expected due date = plot on WHO chart

WHO lengths-weight = use corrected age

Corrected age = actual age – number of weeks premature (0-2 years)

Growth Charts

Track trends in percentiles.

0-2 years: WHO

2-18 years: CDC

Weight-age: general weight status

Length-age: stunting/short stature

Weight-length: wasting or underweight <2 years

Head circumference – normal brain growth <2 years

Z-Scores

weight-length Z-score growth chart

diagnose malnutrition (NOT percentiles)

-1 to -2 = milk malnutrition

-2 to -3 = moderate malnutrition

>-3 = severe malnutrition

Nut Reqs (Birth-2 years, both sex)

Birth-3 months 100kcal/kg (NO PAL) AI: 10g (1.43g)

6 months 90 kcal/kg (NO PAL)

7-12 months 80-90kcal/kg (NO PAL) AI: 14g (1.6g)

12 – 24 months RDI: 14g (1.08g)

Nut Reqs (2-18 years, male)

age energy P
2-3 years 0.249 x wt - 0.127 = MJ * PAL RDI: 14g (1.08g)

4-8 years 0.095 x wt +2.11 = MJ * PAL RDI: 20g/day (0.9g)

9-18 years 0.074 x wt + 2.754 = MJ * PAL

1 MJ = 238.85 kcal

Nut Reqs (2-18 years, female)

Age EER P
2-3 years 0.244 x wt – 0.13 = MJ * PAL RDI: 14g (1.08g)

4-8 years 0.085 x wt +2.033 = MJ * PAL RDI: 20g/day (0.9g)

9-18 years 0.056 x wt + 2.898 = MJ * PAL

1 MJ = 238.85 kcal

PAL

For EER, 2-18 years

1.2 Bed rest

1.4 Very sedentary

1.6 Light activity

1.8 Moderate activity

2.0 heavy activity

2.2 Vigorous activity



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Injury Factors

Burns	1.5-1
CF	1.2 - 1.5
Malabsorption	1.2 - 1.5
Minor surgery	1.2
Oncology	1.3
Respiratory (acute)	1.5
Respiratory (chronic)	1.2 - 1.5
Skeletal trauma	1.35
FTT	1.2 - 1.4

First Foods

0-6 months

Exclusively milk/formula. Formula = boiled & cooled water

Feed on demand – every 1-2 hour breast.
3-4 hour formula

4-6 months

Introduce solids – purees & milk

Start w/ smooth purees high in iron

Showing physical signs of ready to eat

Introducing allergens

Water - can have a bit, but not as a main drink

Boiled & cooled water

7-9 months

Soft, lumpy, mashed foods + breast milk

Encourage chewing with gums – teeth should be coming through.

Trial cup drinking

Encourage chewing

3 main meals +/- 3-4 breastfeeds a day

Boiled & cooled water

10-12 months

First Foods (cont)

Finger foods (big cuts), still soft, but solid

3 main meals + 2 smaller snacks + 2-3 breastfeeds a day

12+ months

Concern if not having solids

"Parent provide, child decides"

Increasing variety of foods and textures

Encourage self-feeding

Family meals

Can have cows milk as a drink

Once they are having 3 meals a day = can introduce water as a drink.

Can have honey

Intervention

Paeds malnutrition screening: **PNST**
(repeat every 7 days if at risk)

Meet energy, protein, calcium, iron, and vitamin D needs

Encourage structured meal and snack routines

Prevent development of disordered eating patterns

Consider: bottle, introduction of solids, feeding stage, fluids?, allergies, supplements

DDR Prompts

Nutritional gaps during growth can affect energy, mood, immunity, and long-term health.

Skipping meals, picky eating, or too many ultra-processed foods can lead to deficiencies.

Strategies

Fussy eating: central mealtimes, eating together at table, messy food play, multiple exposures, offer variety. Educate: exposures → acceptance

Promote 3 regular meals and 2-3 snacks per day

Ensure enough protein: eggs, lean meat, legumes, dairy

Reduce sugary drinks and ultra-processed snacks

Involve children in shopping and meal prep

Promote a positive food environment (no pressure, no reward foods)

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