



**Assessment—note significant findings.**

Nutrition needs of the infant	Evaluation of feeding issues:	Family history of allergies:	Formula preparation and storage:
<p>0 to 6months* 6month –1yr**            Current weight# / 2.2 =KG            KG X 108* [98**] kcal/day=            ~estimated calories needs</p> <p>Estimated calorie needs/20 kcal            = Number of ounces formula            needed per day.</p> <p>General formula needs rule:  <b>Per bottle</b>            = 1/2 of the infant's weight            i.e. 8# baby can tolerate up to 4            oz per fed  <b>Per day</b>            total amount formula needed =            infant's weight X 2.5 [2-3]            i.e. 8# infant = 16-24 oz formula</p> <p>Expected growth spurts:            7-10 days            3-6 weeks            4 months            6 months</p> <p>One can reconstituted Infant            powder provides ~90 fl oz.</p> <p>4 oz day = 22 days            6 oz day = 15 days            8 oz day = 11 days            10 oz day= 9 days            12 oz day = 7 days            14 oz day= 6 days            16 oz day = 5.5 days            18 oz day = 5 days            20-22oz day = 4 days            24oz day = 3.75 days</p> <p>1 can 13 oz concentrate            reconstituted = 26 ounces</p>	<p>Stomach capacity of newborn            [Use belly balls to show capacity]</p> <p>Potential issues:            Under/overfeeding            Newborn 1.5 oz-3oz 2-3 hours            [8-12 X 24]            2 months 4-5 oz 3 to 4 hours            4 months 4-6 oz            6 months 24-32 oz/day            [&gt;32 oz formula/day-max]</p> <p>Feeding cues:            How do you know when to feed            the baby?            How do you know when to stop?            Feeding too late/past signs of            satiety?            Feeding too much?</p> <p>Evaluate the timing of feedings.</p> <p>Evaluate how much time is spent            feeding the infant:            Feeding too fast?            Feeding too slow [&gt;20 minutes]?</p> <p>Do you hold the baby when you            feed?</p> <p>How frequently is the baby            burped?</p> <p>What do you do with the baby            after feeding?</p>	<p>What allergies run in the            family?            Mom:            Dad:            sibling(s):</p> <p>Is the child seen by an            allergist?</p> <p>Older infant on solids:            Are there “allergen” food            items in the infant's/child diet            that are tolerated?            i.e.            “milk allergy” but eats            cheese/yogurt            lactose intolerance but eats            ice cream            gluten but eats oatmeal            eggs but eats cake</p>	<p><b>General:</b>            Tell me how you prepare the formula.            Does anyone else prepare the formula?            What water do you use to prepare the formula?            Is the water boiled? Covered or uncovered            pan? For how long?</p> <p><b>Powder:</b>            Evaluate scoop used.            Is the formula packed, rounded or leveled off?            Is the powder added to the water or is water            added to the powdered formula            How many scoops to how many ounces of            water?            [2oz H2O:1 scoop formula=20kcal/oz standard]            Is the formula prepared per bottle or in bulk?            If in bulk, what amount is made?            Does this amount match up with an amount            that the infant consumes in 24 hours?            Is it discarded after 24 hours?            Are bottles discarded after &lt; 2 hours from the            start of a feed?</p> <p><b>Concentrate</b>            How is the concentrate formula prepared?            How much is made?            How long is the prepared formula kept [48h]            Does this amount = amount consumed by the            infant in a 48 hour period?</p> <p><b>RTF</b>            How do the parents prepare for feeding?            Do they shake the can?            Are they adding water to the formula? (Should            not.)            What does the family use for drinking water?            Bathing showering? Cooking?            Is there a water advisory issued for the town?            If well water, has there been a recent test?</p>

Reason for request	Assessment to include the following:
<b>Lactose Intolerance</b>	<p>What are the symptoms? What are the stooling patterns? Is diarrhea present? (F/u with juice intake if applicable) Is bloating reported? Is excessive gas present along with these symptoms?            If on solids, does the baby tolerate/eat foods with lactose? I.e. cheese, ice cream, pizza, mac &amp; cheese cottage cheese, milk etc.? how often? what amount?            Did baby have a recent GI illness?            Have any tests for lactose intolerance been conducted?            Is there a history of lactose intolerance in the family?</p>
<b>Vomiting Spitting up GERD Reflux</b>	<p>Assess total amount of formula offered/consumed at feedings? And frequency of feeds. Is baby prompted to finish the bottle, Is the bottle propped for feeding? Is the baby burped? When and how?            Assess growth, if adequate acknowledge that "spitting" although inconvenient, is normal aka the "HAPPY SPITTER" or a "wet burp".            (Ask the question "does the vomit hit the wall?" Does the vomit go several feet across a room.)            True projectile vomiting can be a symptom of a life-threatening condition (Pyloric stenosis needs medical follow-up and treatment) PS often occurs from 2 to 8 weeks of age [most common at 3 weeks, may occur from birth to 5 months). Immediate MD referral.            Has a dx for GERD been provided? What tests have been done?            Is the baby on medication?            Is cereal added to bottles/formula?</p>
<b>Diarrhea</b>	<p>Assess total amount of formula offered at feedings? Assess growth.            Assess preparation and storage? Include what is done with leftover formula, how long is bottle offered from start of feed to d/c feeding? Is formula made per bottle/feed or is it made in batch, if batch when is it discarded (w/in 48hours for concentrate? W/in 24 hours for powder?)            What is the total amount of juice consumed each day?            What is the water source for formula/food preparation?            Have any solids been introduced? If jarred baby food, what is done with leftovers if any?</p>
<b>Constipation</b>	<p>Assess total amount of formula (including Breastmilk) offered at feedings? Assess growth.            Is adequate formula being offered? Insufficient amounts of formula may contribute to constipation.            Assess formula preparation.            Assess "mom's description of constipation" what has been normal BMs for this baby? If newborn, has normal BM been established? Describe stooling pattern, how many days w/o BM, Describe the BM.            Have solid foods been introduced recently that may be associated with the change in BM?</p>
<b>Allergies</b>	<p>Have food allergies been diagnosed by a HCP or are they self-reported by mom or care-taker?            What tests have been done for diagnosis?            What foods are involved? What are the symptoms? How quickly do they appear?            Has the baby had an anaphylactic reaction?</p> <p>If Neocate or EleCare is RX, have Nutramigen or Alimentum been tried? Consult with MD office if these formulas would be acceptable. (not if anaphylaxis)</p>
<b>Growth concerns</b>	<p>Assess growth pattern, review growth chart.            Assess formula preparation?            Assess formula intake? And Breastmilk feedings?            Assess length of feeding? Type of bottle and nipple? Does baby have adequate suck?            Assess solid food intake if appropriate, including beverages (juice, water, teas etc.)            Assess for recent illness, injury, stressful event, surgery, medications</p>
<b>Fussy Gassy Colic</b>	<p>Assess formula preparation?            Assess formula intake? And Breastmilk feedings?            Assess length of feeding? Type of bottle and nipple? Does baby have adequate suck?            Acknowledge that spitting, fussiness and sometimes colic, all can be normal infant behavior. Assess growth, discuss ways to comfort the baby. Share that "time", not changes, in formula are needed.</p>
<b>[Dehydration]</b>	<p>Dry or sticky mouth, few or no tears when crying, eyes that look sunken into the head, soft spot (fontanelle) on top of baby's head that looks sunken, lack of urine or wet diapers for 6 to 8 hours in an infant (or only a very small amount of dark yellow urine), lack of urine for 12 hours in an older child (or only a very small amount of dark yellow urine), dry, cool skin, lethargy or irritability, fatigue or dizziness in an older child.</p>