

APPENDIX 5: Detailed History and Physical

Focused Feeding and Elimination History

Factors	Evaluate
Breastfeeding	<ul style="list-style-type: none"> • Frequency, length, number per day, longest interval between feedings, night vs day • One or both breasts, history of engorgement, softer after feeding, use of nipple shield, any pain or difficulty with latch, nipple shape before and after feed <ul style="list-style-type: none"> ◦ If pumping, how much is produced (before or after feed) • See or hear baby swallow (repetitive clicking noise, milk at corner of mouth) • Falling asleep at breast (if yes, how long after initiating feed) • Supplemental feeds (including fluids or solids) other than human milk or formula
Bottle Feeding	<ul style="list-style-type: none"> • Frequency, length, amount per feed and per day, longest interval between feedings, night vs. day • Formula mixing recipe, type, and concentration • Bottle type, nipple type and size • Food (including fluids or solids) other than human milk or formula
Dietary History	<ul style="list-style-type: none"> • Dietary recall of typical daily intake • Feeding problems – picky eating, food refusal, anorexia, food avoidance • Excessive sugar sweetened beverages • Taking greater than recommended (for age) volume of milk or formula • Any restrictive or specialty diets (e.g., vegan) • Any medications or supplements (including for child or mother if breastfeeding)
Indicators of Pharyngeal Swallow Dysfunction	<ul style="list-style-type: none"> • Coughing, choking, or gagging with feeds • Wet, gurgled vocal quality during or immediately after feeding • Frequent upper respiratory tract infections, fevers, or pneumonia
Reflux	<ul style="list-style-type: none"> • Coughing, choking, or gagging with feeds • Spitting up/vomiting/rumination • Respiratory symptoms with feeding • Arching, irritability or discomfort with feeds • Pain with swallowing or chest pain
Social	<ul style="list-style-type: none"> • Caregivers at home, which caregiver(s) feed the child • Is caregiver appropriately following child’s feeding schedule, need help with childcare, and/or receiving state or federal financial or nutritional support • If bottle fed, does family have concerns obtaining formula • Breast pump availability and type, if applicable • Psychosocial stressors (Social needs, parental mental health or substance use disorders, family discord)
Elimination	<ul style="list-style-type: none"> • Number of wet diapers and stool diapers per 24 hours • Stool appearance (consistency, color) <ul style="list-style-type: none"> ◦ Presence of orange or red crystal/powder in diaper ◦ Presence of blood or mucus in stool ◦ Chalky, pale or acholic stools

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History and Physical

General	<ul style="list-style-type: none"> • Overall findings of malnutrition <ul style="list-style-type: none"> ○ (e.g., cachectic appearance, decreased subcutaneous fat, decreased muscle bulk, relative macrocephaly) • Fevers • Lack of caregiver bonding or responsiveness to patient (single providers' observations are likely insufficient to assess) • Dysmorphic features (e.g., syndromic appearance) • Detailed birth history (gestational age, weight, NICU course, maternal infections)
HEENT	<ul style="list-style-type: none"> • Macrocephaly/microcephaly • Jaundice or scleral icterus • Nasal congestion or obstruction • Cleft lip or palate or other palate dysmorphology • Macroglossia • Ankyloglossia (lip or tongue tie) • Micrognathia or retrognathia
Respiratory	<ul style="list-style-type: none"> • Stridor or stertor <ul style="list-style-type: none"> --At rest vs. during a feed • Difficulty breathing • Choking or gagging • Tachypnea • Abnormal breath sounds (e.g., wheezing, crackles)
Cardiac	<ul style="list-style-type: none"> • Sweating and/or fatigue with feeds • Murmurs • Diminished or absent peripheral pulses
GI	<ul style="list-style-type: none"> • Hepatosplenomegaly • Abdominal distension • Constipation, palpable stools • Diarrhea • Blood or mucus in the stool • Vomiting, retching, regurgitation, rumination, spit-ups
Skin	<ul style="list-style-type: none"> • Skin abnormalities (e.g., rash, diaper area/skin breakdown, birth marks, severe atopic dermatitis)
Neurologic	<ul style="list-style-type: none"> • Depressed mental status, inconsolability and/or sleepiness • Developmental delay • Abnormal movements • Abnormal tone
Immunology	<ul style="list-style-type: none"> • Frequent infections

Observation of Feeding

If any of the following indicators are present, consider consulting speech therapy and/or lactation specialist.

- Decreased state for oral feeding (e.g., inconsolable, unable to stay awake, signs of discomfort)
- Unable to maintain latch on nipple
- Oral loss of fluid
- Observed signs of distress: coughing, congestion, changes in vital signs
- Feeding inefficiency: infant feedings lasting > 30 minutes
- Lack of caregiver awareness or response to infant's cues for feeding readiness and disengagement

References

Children's Hospital of Philadelphia - Inpatient Clinical Pathway for Evaluation/Treatment of Infants with Malnutrition (Failure to Thrive) < 12 months

<https://www.chop.edu/clinical-pathway/infant-malnutrition-fft-clinical-pathway>