

Consensus Guidelines for Inadequate Growth (Previously “Failure to Thrive”): Northern California Pediatric Hospital Medicine Consortium

Executive summary

Objectives

- Standardize admission criteria and management of children younger than 5 years of age hospitalized for Inadequate Growth (previously failure to thrive)
- Avoid unnecessary lab testing and invasive work up, recognizing that the most common cause is inadequate caloric intake
- Support patients and families in safe, effective nutritional and follow up plans prior to discharge

Recommendations

- “Inadequate Growth” is a more descriptive and less judgmental term than “Failure to Thrive”
 - A practical working definition of the issue is “*Inadequate growth over time, relative to standard growth charts, after considering age, gender, and genetic variation.*”
 - Inadequate growth is the result of insufficient usable nutrition through inadequate intake of calories, insufficient calorie absorption, or excessive calorie expenditure.
- Hospital admission is not necessary for most children with Inadequate Growth and is often deleterious to the long-term care of many children with mild to moderate intake deficiency.
- Working with a primary care pediatrician, subspecialist, or community hospital clinician to determine whether the patient meets admission criteria is imperative.
- Admission Criteria for non-medically complex children <5yrs of age:
 - Concern for underlying disorder requiring urgent workup (i.e., CHF, inborn error of metabolism)
 - Failure to respond to outpatient feeding plan/interventions over a reasonable period
 - Severe malnutrition or dehydration / seriously ill
 - Suspected abuse/ neglect
 - Desire for needs assessment in terms of feeding support/observed feeds (e.g., observation of mixing formula, lactation support, mechanics, and timeliness of feeding)
 - Need for teaching/coordination of supplies for initiation of NG feeds
- Routine labs and imaging are not recommended for patients without underlying conditions.
- Upon admission, obtain naked weight, thorough history and physical, and monitor patient on appropriate feeds for age with strict intake and output recordings. Consider RD, dysphagia, and social work consult.
- If patient is unable to demonstrate appropriate weight gain for age or feed safely by mouth, obtain subspecialty consult at that point.
- Discharge criteria:
 - Successful feeding plan in place, family has obtained all necessary supplies and teaching, follow up appointments are established, no concern for ongoing dehydration or inability to take in adequate calories for growth. Depending on age of the patient, demonstration of weight gain in the hospital may not be necessary prior to discharge.

Northern California Pediatric Hospital Medicine Consortium. Originated 06/2019.

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Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Pediatric Hospital Medicine Consortium.

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