

# Childhood Malnutrition Field Guide:

*Tools for identifying risk factors, making referrals, and taking next steps.*

This is a screening tool. A medical professional must complete a formal diagnosis.

## What is malnutrition?

Malnutrition is an imbalance between the nutrients your body needs to function and the nutrients it gets. Malnutrition can cause cognitive and physical deficits and, if left untreated, can lead to death. Physical illness or other contributing factors can also lead to malnutrition.

### Illness Related Malnutrition

- Chronic illness or disease
- Acute infectious disease
- Autism Spectrum Disorder
- Developmental Delay
- Trauma
- Eating Disorders
- Medically diagnosed food allergies
- Childhood feeding disorder

### Other Contributing Factors

- Neglect
- Limited financial resources
- Limited access to food
- Food restrictions
- Family dynamics
- Food aversions (for parent or child)
- Child torture
- Alleged but undiagnosed medical conditions or food allergies

When you evaluate a home, you may make observations about the child physically and/or what is going on in the home that make you concerned that a child may be malnourished. In addition to speaking with the child and family, you may need to speak with collateral contacts (school, daycare, neighbors, medical providers, etc.)

### Physical indicators that need to be seen by a doctor:

- Skin rashes
- Hair falling out
- Very pale (extreme)
- Very thin, ribs showing
- Large belly with very thin limbs

Malnutrition can occur **without** these symptoms and for a child with any body size/type.

### Signs that emergency medical care is needed and you call 911:

- Lethargic
- Lack of urination (over 8 hours)
- Abnormal breathing
- Unconscious
- Uncontrolled vomiting
- Significant pain
- Severely altered mental state



## Observations that should make you consider that malnutrition may be present:

### Observations or comments made by the school or daycare that the child attends:

- The child is “always hungry” or comes to school hungry, and it impedes their ability to learn.
- The child is “always” seeking out the food of others or displaying other unusual food-seeking habits such as hoarding, taking food, etc.
- The school reports that they have not observed any problems in the child’s ability to eat a wide variety of foods despite the parent’s report that they are intolerant to many foods.\*\*
- The parents ask that the child not be given any food at school besides what they provide.\*\*

### Other observations about the treatment of one or some of the children:

- The child is not allowed easy access to the toilet.
- The child is locked out of the house as punishment.
- The child is subjected to unrealistic workout routines as punishment.
- The child is frequently dressed in clothing that is too small or excessively baggy.
- The child is made to sleep in a closet, an unfinished garage, a shed, or outdoors.
- The child is excluded from celebrating events with the rest of the family.
- The child is treated differently from all other children in the household.
- The child is socially isolated; not attending school, not allowed to have friendships outside the home, etc.

### Other observations about the home:

- Locks on the outside of doors (bathroom, kitchen, bedrooms).\*\*
- Video surveillance cameras in the home.

### Observations about the feeding habits of the family:

- Restrictive diets \*\*
- Multiple food allergies or sensitivities are reported.\*\*
- Feeding is restricted to three meals per day with no snacks.
- The child does not always have free access to water.
- Food is withheld as a punishment for misbehavior.
- Parental eating disorders, substance use disorder, and mental health can affect nutrition for children, speaks to parental capacity to support good nutrition.
- Locks are on the refrigerator or cabinets or other places where food is stored.\*\*
- Parents complain that the child “steals” food within the home.
- The child has been observed to eat frozen/uncooked food, scrounge in the garbage for food, or intermittently gorge on food to the point of getting sick.
- Parent claims that an infant is not gaining weight because “we just have small babies,” blaming small children on family genetics, or something similar.\*\*
- Inconsistent, mismatched information concerning body language and observations of parent/child interactions.

*\*\* When these things are reported, you must verify through medical providers and/or records.*

## Ways to start a conversation to identify malnutrition risk.

When identifying if a child is malnourished, it's vital to start a conversation with all contacts interacting with the child to get a complete picture of the situation. This includes talking to the child, parents, and collateral contacts. The following graphic includes examples of conversation starters.

### CHILD

#### “Tell me about”...

- What happens when you get in trouble?
- What did you eat for (breakfast, lunch, dinner) today/yesterday?
- House rules about food.
- Snacks and treats.
- School.
- Your favorite food and snacks.
- What do you do at home when you're hungry?

### PARENTS

#### “Tell me about”...

- House rules.
- School.
- Mealtimes.
- Meal routines/meal prep.
- Are mealtimes with your child(ren) enjoyable?
- Are you using WIC/SNAP?
- What are your child's favorite foods?
- What are your favorite foods?
- What does your child eat each day?

### COLLATERAL CONTACTS

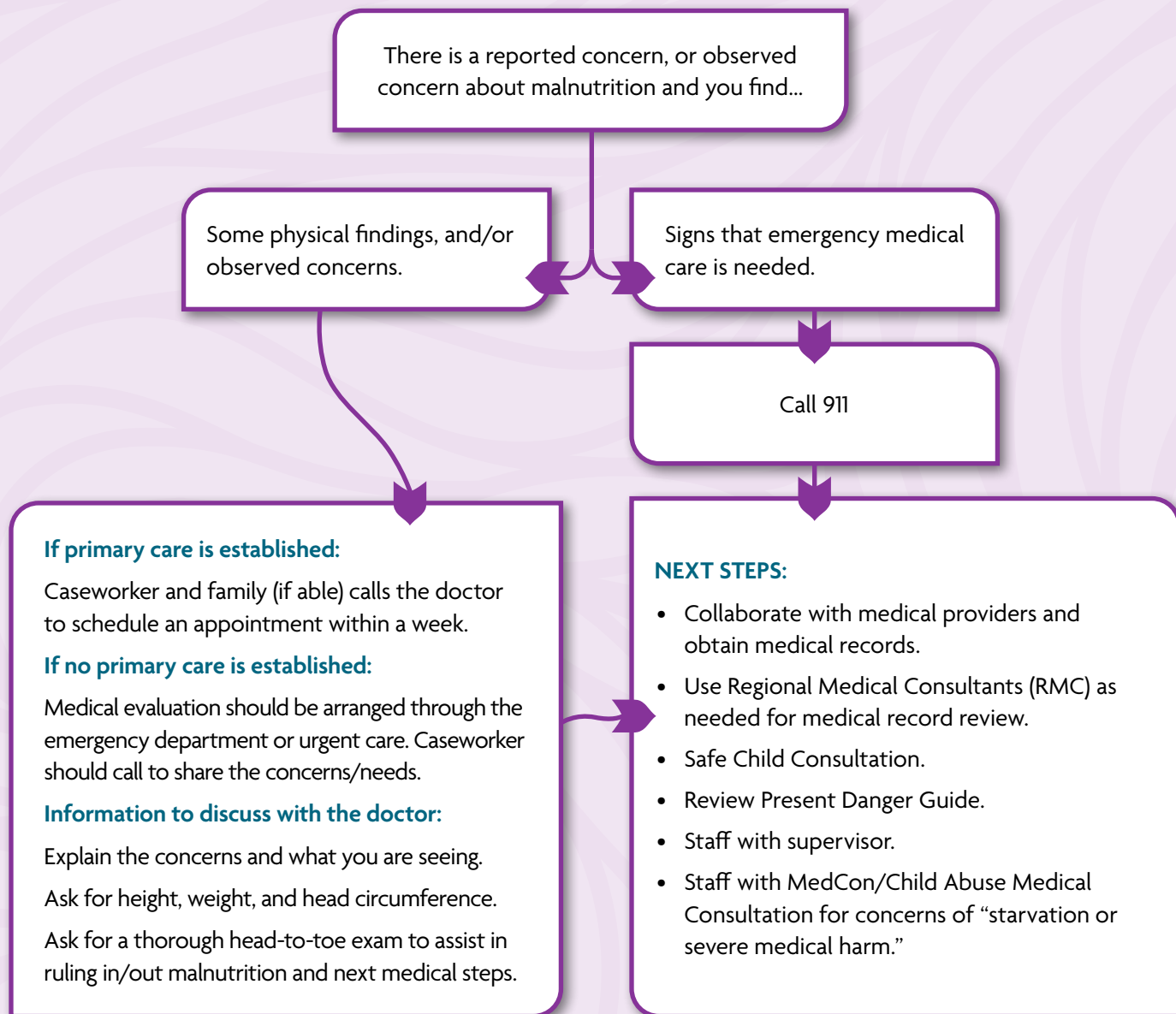
#### “Tell me about”...

- How often do you have contact with the family?
- The relationship between each parent and the child.
- Rules and discipline of each child.
- What does each parent/caregiver do to care for the child?
- Medical needs of the parent/child.
- Daily routines of the parent/child.
- Meal routines/preparation.

# Use the **DECISION TREE** to seek medical consultation if you discover physical findings or have observed concerns that might be related to malnutrition.

Be sure to call the primary care provider or specialist who regularly cares for the child to explain the concern and why the child needs to be seen urgently. If the caseworker calls, the doctor's office is more likely to make room in the schedule within at least one calendar week.

If their doctor can't see them within a week, use an emergency department (ED) or urgent care. You will need to call ahead to explain the concerns to ensure they are evaluated for the correct concerns. EDs look for immediate, life-threatening risks and could overlook non-life-threatening symptoms related to malnutrition.



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