Patient log summery

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During my community rotation at the Family Health Care Center WIC office, I was able to work with clients with different needs snd issues. All the clients I worked with were pregnant, lactating, infant, and children between the age1-5. One other case is one adolescent pregnant. Even though I worked with a specific population, but the patient’s needs were different. One of the clients was breastfeeding, but she was having an issue with her milk supply. She stopped nursing for two weeks; then, they started again after helping form the WIC office’s breastfeeding team. Other pregnant women had the usual issues, such as nausea, vomiting, and lack of appetite. I assist them in managing these symptoms and helping them set a nutritional goal for themselves. Most important is to encourage them to take their prenatal vitamins during pregnancy and lactation and eat a healthy diet.

For many of the infants, I saw assessed the formula type and amount. There were some infants have problems with digesting or spit-up. We offer different formulas, which is for a more sensitive GI tract. We suggest that the mother switch to sensitive formula, and f they still have an issue, we send a referral to doctors—other matters with an infant we were not drinking enough formula or drinking too much. Many mothers do both breastfeeding and formula because they think their infant is not feeling full. I encourage giving vitamins D to their infants. By a 6-month appointment, the main topic will be interfusing solid food to the baby. I always make a referral to a doctored if there are any medical problems beyond nutritional issues.

Most of the patients were children between the age of 1-5 years old with different needs. The most addressed issues for the1-2 years old children were weaning the child from the bottle and giving the bottle and the sippy cup only mealtime and snack time. These issues are challenging for many mothers to change. Having the bottle and sippy cup all day and at bed can affect your child’s appetite and teeth health. My role is to encourage them to change to healthier behaviors by directing them to find a way to change. I try to help them set a goal for themselves to change some of the unhealthy behaviors for their children.

I consulted many children 2-5 years old for different nutritional issues, such as increasing fruit and vegetables. Fruit and vegetable is an essential topic because children can build good eating habits at early ages. A picky eater is one of the nutritional issues that the mother finds it challenging. Another topic is I often educate I educate about is reducing milk intake for children age 2-3. Many children this age drink more than 4 cups a day; many parents think that is healthy. Milk recommendation is a topic related to high iron food and vitamin D and oral health. When they decrease the milk to the recommended 16 oz, they need to increase vitamin D supplements. These the most prevalent nutritional issue for this age that mothers are interesting on working to change, but other dietary issues is addressed vocationally such as motor skill, appropriate utensil use, screen time, physical activity

One of the most complicated patients was a girl who is three years old and still taking the formula and ensuring supplements because these are the only nutrients she can tolerate. The father shred that they are still making tests and investigating the medical problem. The only thing in the care is ensuring they are getting the supplemental food they can use from WIC. We also follow up that they see the child’s doctor treat and manage the medial child issue.

Reflection

This rotation provided useful experience in pediatric nutrition. The appointments with patients were through the phone due to COVID-19. I practiced telehealth during this rotation. It was challenging to assess the phone instead of in the clinic because I do not see the reaction or body language. I consulted many mothers about their children for different issues, such as finger food, increasing fruit and vegetable, picky eater, high iron food, oral health, and others. The RD and I met a few times before and after the section to discuss the patients and reflect on my performance. This experience was challenging, though, because of the COVID-19 situation. All the sessions and meetings were virtual. The communication way was through email or google duct with the other RDs in the clinic. It Is a little harder and time-consuming, but it is a good experience with telehealth. I learned about the pediatric nutritional diagnosis and how to choose the right dietary diagnoses for each case. Note righting was an essential piece of the clinical rotation; I learned to chert and right notes much fast than in the beginning. I also learned to manage a session when kids are around, and the mother is not interested. I also learned to manage the appointment with an interpreter. One of my strengths is that I was able to come up with answers to unexpected questions. I also can find something nutrition-related subjects with my clients