



Bridget Little

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Clinical Case Study: Paediatric ICU (PICU) perspective

Jeremiah

Anthropometry at birth:

- ~75th percentile

Medical History:

- Term baby with multiple congenital anomalies including: Tetralogy of Fallot, tracheal stenosis, complete tracheal rings.
- Pre-operatively growing on 1 kcal/ml Ready to Feed infant formula via NGT. Provides: 110 ml/kg, 110 kcal/kg, 2.8 g protein/kg.
- Admitted to PICU at 2 months of age following sliding tracheoplasty + VSD closure + LPA sling repair.
- Unable to weigh between 2.5 and 4 months of age due to unstable airway including tracheostomy, tracheomalacia and recurrent formation of granulation tissue.

Abbreviations:

NGT: nasogastric tube

PICU: Paediatric Intensive Care Unit

VSD: ventricular septal defect

Consider the following questions:

1. How would you conduct a physical assessment of Jeremiah?

2. What methods could you consider?

3. What are some of the barriers to getting accurate information?

4. What factors impact your decisions around this patient's nutritional management?

