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Community Case Study

Sophie

13yo Sophie is referred by the local tertiary paediatric hospital for assessment and management of nutrition issues related to her diagnosis of GMFCS V spastic quadriplegic Cerebral Palsy and chronic lung disease, after being born at 27 weeks. She has only been seen sporadically by the hospital as her family do not identify nutrition as a concern, and in fact are not sure why they have been referred. Sophie now has private funding available to be used for assessment in the community/home setting.

She is reported by her Paediatrician to be underweight, at approximately 24.5kg (<3rd centile) and to have not gained weight for at least 12 months. Her Speech Pathologist phones to report Sophie has dysphagia and has just been commenced on thickened fluids. She has concerns around Sophie's nutrition and fluid intake. The initial appointment is booked to take place within the family home which has limited space available and no firm flat surfaces.

Sophie uses a manual wheelchair and experiences severe and painful spasms at times, becoming distressed during appointments especially in the afternoon. She requires a hoist to be transferred onto a lounge or bed. Wheelchair lateral supports hold Sophie upright and support her during the day, however they also fit snugly to her sides and the spasticity of her arms means she has very little upper arm flexibility. She cannot stand or lay flat.

Equipment: Your service has portable wheelchair scales, skinfold callipers and measuring tapes available.

Abbreviations:

GMFCS V: Gross Motor Function Classification System Level Five

LPA: left pulmonary artery

Consider the following questions:

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

2. What methods could you consider?

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

