بسم الله الرحمن الرحيم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

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MONA MAGHRABY

Nutritional screening for 2-5 years old children in urban and rural outpatient setting

Thesis

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Ahmed Kamal Ahmed Mahdy

List of Contents

Title Page No.

List of Abbreviations

Abb.	Full term
ASPEN	*American Society for Parenteral and Enteral Nutrition*
BMI	*Body mass index*
CDC	*Center for Disease Control*
CHO	*Carbohydrate*
ESPEN	*European Society for Clinical Nutrition and Metabolism*
HAZ	*Height for age Z score*
HFA	*Height for age*
IMCI	*Integrated Management of Childhood Illness*
IQP	*Inter-quartile range*
K	*Potassium*
NCHS	*National Center for Health Statistics*
NNI	*National Nutrition Institute*
NRS	*Nutritional risk screening*
NSTs	*Nutritional screening tools*
NutriSTEP	*Nutrition Screening Tool for Every Preschooler*
OTP	*Outpatient therapeutic feeding program*
Ph	*Phosphorus*
PNRS	*Pediatric Nutritional Risk Score*
PNST	*Pediatric nutrition screening tool*
PYMS	*Pediatric yorkhill malnutrition score*
RDA	*Recommended dietary allowance*
SAM	*Sever acute malnutrition*
SD	*Standard deviation*
SGA	*Subjective global assessment*
SGNA	*Subjective global nutritional assessment*
SPSS	*Statistical Package for Social Science*
STAMP	*Screening tool for assessment of malnutrition in pediatric*

List of Abbreviations (Cont...)

Abb.	Full term
STRONG kids	*Screening tool risk on nutritional state and growth*
UK	*United kingdom*
UNICEF	*United Nations International Children's Emergency foundation*
WAZ	*Weight for age Z score*
WFA	*Weight for age*
WFH	*Weight for height*
WHO	*World health organization*

List of Tables

Table No.	Title	Page No.

List of Tables (Cont...)

Table No.	Title	Page No.

List of Tables (Cont...)

Table No.	Title	Page No.

List of Figures

INTRODUCTION

The American Society for Parenteral and Enteral Nutrition (ASPEN) workgroup defined pediatric malnutrition (under-nutrition) as "an imbalance between nutrient requirement and intake, resulting in cumulative deficits of energy, protein, or micronutrients that may negatively affect growth, development, and other relevant outcomes ***(Mehta et al., 2013).***

The need to have a validated pediatric nutrition screening tool (PNST) is becoming increasingly apparent, and this is further supported by national and international guidelines ***(Brotherton et al., 2011).***

In the absence of a gold standard, researchers have taken different approaches to tackle identification and recognition of 'at-risk' children, including delineation of the problem by developing (PNSTs). Examples include the 'Pediatric Nutritional Risk Score' (PNRS) and the 'Subjective Global Nutritional Assessment Tool ***(Secker and Jeejeebhoy, 2007).***

Although some studies considered that the pediatric nutritional risk score (PNRS) is the most suitable for clinical practice since the results of high sensitivity and specificity in PNRS compared with Subjective global assessment (SGA) ***(Lestari et al., 2017).***

However, both of these tools are relatively complicated and too time-consuming for ready use in screening ***(Hulst et al., 2010).***

In the UK, the screening tool for the assessment of malnutrition in pediatrics (STAMP) was established in 2004 and evaluated in 2007. To evaluate the quick and easy-to-use NSTs for hospitalized children, three factors were considered: diagnosis, nutritional intake, as well as weight and height. After evaluating these factors, the sum was classified into low, medium, and high risk, and the STAMP also suggested that a care plan in the last step ***(McCarthy et al., 2012).***

Screening Tool for the Assessment of Malnutrition in Pediatrics (STAMP©) offers a valid screening tool for the detection of malnutrition and malnutrition risk in a pediatric primary health care setting. Furthermore, the use of STAMP in a primary health care clinic raised clinician's awareness of nutritional status as indicated by an increase in anthropometric measurements and the documentation of nutritional status following study implementation ***(Rub et al., 2016).***

Previously, management of sever acute malnutrition (SAM) was limited to inpatient care in health facilities and therapeutic feeding centers, but currently, community based management of acute malnutrition is recommended as the standard management for SAM cases. Community based management of acute malnutrition has both a community based outpatient therapeutic feeding program (OTP) for uncomplicated cases and facility based inpatient care for complicated cases ***(WHO, 2013).***