Nutrition Supplements for Children 1-5 Years PHC Remote Guideline

Target Audience | All Clinical Employees
Jurisdiction | Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions | N/A
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Approval Authority | Refer to Policy Guideline Centre
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The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

Purpose

To provide Primary Health Care remote clinicians with guidelines for the use of nutrition supplements for children aged 1-5 years in remote communities.

Guideline

1. General Information

Almost all children have the potential to achieve normal growth. Early identification and reversal of growth faltering is essential to enable optimal child development and health. Children with poor growth need a short-term boost with additional foods to achieve ‘catch up’ weight gain and growth. For ‘catch-up’ weight gain, children need significantly more than the expected energy requirements for their age each day. Oral supplements may be effective in meeting these requirements in malnourished children. The use of supplements should be considered as a short-term tool in a growth action plan and used as a ‘top up’ to, not in place of, age-appropriate foods.

Guidelines for the use of nutrition supplements in remote communities have been developed, to ensure that they are used appropriately and are well supervised. Please note the Criteria for Use of Oral Nutrition Supplements in Children 1-5 Years in Remote Communities. Supplements must be prescribed by a Medical Practitioner.

One advantage of high-energy nutrition supplements is they can be given to children with significant growth failure within the community, rather than at the hospital. Nutrition supplements may also be considered for children with higher energy requirements, such as individuals with a chronic disease or special needs.

Nutrition supplements are one component of individual nutritional rehabilitation. They are most effective when part of an integrated community approach, incorporating:

- working in partnership with the family and the community
- providing nutrition counselling and advice for all families at relevant ages during infancy and early childhood
Introduction of solids at around 6 months and frequent provision of adequate food
- targeting children with early growth faltering to reverse the trend and prevent further faltering

Note: There may also be cases when children meet all of the criteria, and the use of supplementary feeding is inappropriate. A Paediatrician should assess this on a case-by-case basis.

The Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual (STM) states that nutrition supplements may be useful for children aged 1 to 3 years. While the major focus for nutritional intervention should be on the 1 – 3 years age group, Remote Health supports the use of nutrition supplements for children 1 - 5 years who meet the Criteria for use of oral nutrition supplements in children 1 - 5 years in remote communities.

2. Definitions

Growth Faltering: when a child is not gaining weight, is losing weight or is not gaining expected weight for their age. This can be identified by reviewing the curve of the child’s weight when plotted on a growth chart and expected weekly weight gain can be found in CARPA STM.

Supplementary Feeding: the distribution of food to supplement energy and other nutrients missing from the diet of those who have special nutritional requirements (WHO 1997).

Oral Nutrition Supplements: for the purpose of this document is high-energy nutritionally complete ready-to-use flavoured drink for infants, such as Fortini Multi Fibre for children 12 months or older.

3. Responsibilities

3.1 Health Centre Clinical Staff

- Monitor child health through the Healthy Under 5 Kids program
- Identify and act on growth faltering early
- Ensure a Growth Action Care Plan is commenced and implemented in PCIS as per Infant & Child Growth and Nutrition section in the CARPA STM and the Managing Undernutrition in Children Flowchart
- Refer children with growth faltering to the Primary Health Care (PHC) Outreach Public Health Nutritionist
- Provide opportunistic and planned growth / nutrition health promotion, immunisations, etc
- Be aware of and use community resources to support the child and family, such as women’s centre, early childhood centres, nutrition/feeding programs
- Be aware of and use relevant support and advice related to child growth and nutrition, such as Child & Youth Health and Nutrition & Physical Activity Strategy Unit
- Follow Criteria for Use of Oral Nutrition Supplements in Children 1- 5 Years in Remote Communities

3.2 Medical Practitioner / Paediatrician

- Clinical assessment, diagnosis and management of medical-related issues
- Review and monitor the child as per Infant & Child Growth and Nutrition Management Guidelines in CARPA STM
- Review and monitor the child with a chronic condition or special needs
- Prescribe nutrition supplements as per Criteria for Use of Oral Nutrition Supplements in Children 1-5 Years in Remote Communities
- Refer child as required
3.3 Nutrition and Physical Activity Strategy Unit

- Develop and review as required the Criteria for Use of Oral Nutrition Supplements in Children 1 – 5 years in Remote Communities
- Disseminate expert clinical knowledge and skills and provide a resource service, including information on growth, nutrition, nutrition supplements, physical activity, etc

3.4 Primary Health Care Outreach Team - child health nurse, public health nutritionist, strong women workers, child health workers, aboriginal health promotion officers

- Disseminate expert clinical knowledge and skills regarding growth and nutrition
- Provide a resource service for clinical staff, including information on growth, growth action planning, development, etc
- Ensure that infants and young children with growth faltering are identified early at health clinic and appropriate management followed as per Infant & Child Growth and Nutrition Management Guidelines in CARPA STM
- Provide growth and good nutrition education / health promotion for clients, families and communities as required
- Public Health Nutritionist only:
  - Provide case management for children requiring nutrition supplements in consultation with health centre staff
  - Review nutrition supplement orders where requested by the supplying hospital pharmacist

4. Procedure

4.1 Criteria for Use of Oral Nutrition Supplements in Children 1 – 5 Years

The Flowchart Managing Undernutrition in Children must be followed. Children must meet all requirements detailed in the Criteria for Use of Oral Nutrition Supplements in Children 1 – 5 years in Remote Communities to be eligible for nutrition supplements. The required Growth Action Plan can be formulated in conjunction with a Medical Practitioner, Paediatrician, Nutritionist or trained Child Health Nurse. This will also include recommending the preferred nutrition supplement for the child.

*Note: Nutrition supplements should not be used to replace food or main meals, but as a supplement if energy requirements cannot be met by food alone.*

4.2 Prescribing Oral Nutrition Supplements

Nutrition supplements must only be used as part of a full assessment and Growth Action Plan, outlining appropriate supervision and follow-up. Nutrition supplements may be initiated by a Nutritionist but must be prescribed by a Medical Practitioner. The prescription should provide a maximum of two (2) months supply with prescriptions renewed as appropriate.

The Medical Practitioner should complete and authorise a Rural Prescription Form to prescribe supplements. This should be sent to the relevant Pharmacy for processing. For prescribing information see Pharmacy - Ordering PHC Remote Guideline and Prescriptions PHC Remote Guideline.

4.3 Supply of Oral Nutrition Supplements

The current supplement used is Fortini - Multi Fibre (1.5 kcal per ml). Fortini is ready-to-drink in 200 ml containers and is available in banana, chocolate and vanilla. It is recommended that supplies of nutrition supplements be ordered at regular monthly intervals. As health centre storage areas often have limited space (both regional and health centre space) this enables maintenance of adequate stock to ensure there are sufficient supplies for regional centres to complete orders and health centres to provide to the child as prescribed.
Supplements are provided through Pharmacies with the cost of the supplements debited against the relevant health centre cost code.

4.4 Storage of Oral Nutrition Supplements

It is recommended for health centres to keep the bulk supply in the health centre, stored in a cool place (<30 degrees). Opened drinks should be kept covered in a refrigerator and discarded if not used within 24 hours.

4.5 Supervision of Oral Nutrition Supplements

Commence with one supplement (200ml) per day - give the supplement in the clinic or nutrition support centre to ensure the child likes and drinks the supplement. Monitor that the child is getting and drinking the supplement. Depending on the amount of support the child and family require give up to one weeks supply.

In addition to supplements:
- encourage regular meals and snacks (more than 3-5 times/day or more)
- provide nutrition advice as per CARPA STM
- for children less than two years, breast feeding can continue if mutually desired by the mother and child, if possible
- liaise with the Nutritionist for nutrition advice and case management

Tip:
- The supplement tastes best if it is cold
- Nutrition supplements should never be given in feeding bottles

4.6 Review

The child should be reviewed as per the Growth Action Plan, including:
- Weigh weekly
- Whether the child likes, and is drinking the nutrition supplement

4.6.1 Child Gaining Weight

Continue providing supplement as prescribed per day, as well as encouraging an age-appropriate diet until the child is growing appropriately (as shown on the growth chart).

4.6.2 Child Not Gaining Weight

- Review the Growth Action Plan and discuss with the Medical Practitioner / Nutritionist
- Consider additional family support in the community
- If the child is not drinking the supplement, cancel script
- Consider further nutritional rehabilitation in a regional centre if the child is not drinking the supplements, appetite is poor and the child is losing or not gaining weight.
### Implementation, Review & Evaluation Responsibilities

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| Review | Document is to be reviewed within 3 years, or as changes in practice occur | Atlas Development Officer, Primary Health Care CAHS |

| Evaluation | Evaluation will be ongoing and informal, based on feedback. | Atlas Development Officer, Primary Health Care CAHS |

### Key Associated Documents

#### Forms
- Rural Prescription, generated from PCIS / EACS
- Growth Action Care Plan, generated in PCIS

#### Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents
- Healthy Under 5 Kids Program
- Pharmacy - Ordering PHC Remote Guideline
- Prescriptions PHC Remote Guideline
- Remote Primary Health Care Manuals, website:
  - Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual
  - Reference Book for the Remote Primary Health Care Manuals
- Nutrition and Physical Activity Unit:
  - Managing Undernutrition in Children Flowchart
  - Criteria for Use of Oral Nutrition Supplements in Children 1 – 5 Years in Remote Communities
- PCIS Website:
  - Growth Action Care Plan
  - Ordering of Medications from Hospitals and Private Pharmacies
- EACS Website:
  - Prescribing Nutritional Supplements and Vitamins
- World Health Organisation (WHO)
- The Australian Immunisation Handbook 10th Ed.
- DoH Health Development (intranet)
  - Child & Youth Health
  - Nutrition & Physical Activity
  - Women's Health
- DoH Nutrition & Physical Activity Program, website
  - Couzos S and Murray R. pp 162-192

### References
- As Above
## Evidence Table

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