

Possible Causes of Overweight in Young Children

Laurel Branen, PhD, RD, LD and Janice Fletcher, EdD

- Genetics
- A medical condition that increases fat storage and weight gain
- Medication that has weight gain as a side effect
- Lack of exercise more commonly contributes to weight gain than does excessive eating
- Not recognizing satiety cues (feeling satisfied), often due to adults overriding cues
- High fat and/or high calorie intake, due to exposure to highly palatable foods
- Cultural or family imperatives to overeat
- Eating for non-nutritional reasons
 - rewarding with food
 - consoling with food
 - eating out of boredom
 - eating to procrastinate
 - eating as a substitute for love
 - eating for entertainment

Posibles Causas de sobrepeso en niños pequeños

Laurel Branen, PhD, RD, LD and Janice Fletcher, EdD

- Genética
- Condición médica que incrementa el almacenamiento de grasa y aumento de peso
- Medicamentos que tienen aumento de peso como efecto secundario
- Por lo común, la falta de ejercicio contribuye más al aumento de peso que el comer en exceso
- Falta de reconocimiento de los indicadores de saciedad (sentirse satisfecho, lleno), a menudo debido a la influencia de los adultos
- Consumo de alimentos de alto contenido calórico o graso, debido a exposición a comidas sumamente agradables al paladar
- Imperativos culturales o familiares para comer en exceso.
- Comer por razones no nutricionales
 - recompensar con comida
 - consolar con comida
 - comer por aburrimiento
 - comer para procrastinar o demorar una tarea
 - comer como sustitución del amor
 - comer como entretenimiento



Interesting Resources for Lunch Boxes for Young Children in Child Care

- Accredited Practicing Dietitians, F. D. C. (2004). Healthy lunch box ideas: save time, money, and effort [Electronic Version]. Retrieved June 25, 2009 from http://www.decs.sa.gov.au/familydaycare/files/links/2_Healthy_Lunch_Box_Ideas.pdf
- Agriculture and Natural Resources, University of California. (2004). UCCE shows how to pack safe, nutritious lunch for preschool children. Retrieved June 25, 2009, from <http://ucanr.org/spotlight/lunch.shtml>
- Collier, K. (2006). Lunchbox duty for teachers. *Herald Sun*, Retrieved on June 26, 2009, from http://www.naturalkitchenstrategies.com.au/Herald_Sun_25Apr06.htm
- McClure, R. (2007a). Before you pack your child's lunch, consider these health and practicality issues first. *About.com: Child Care*. Retrieved June 25, 2009, from <http://childcare.about.com/od/generaladvice/bb/packlunch.htm>
- Network, R. C. (2006). Packing a lunch box [Electronic Version]. *Raising Children Network*, from http://raisingchildren.net.au/articles/packing_a_lunch_box.html
- Satter, Ellyn (2009) Retrieved June 26, 2009, from <http://www.ellynsatter.com>
- Sweitzer, S., Briley, M., Robert-Gray, C. (2009). Do sack lunches provided by parents meet the nutritional needs of young children who attend child care? *Journal of the American Dietetic Association*. January, 2009. 109: 141-144



A Learning Module for Thinking about Feeding Young Children with Food Allergies in Group Settings

Janice Fletcher, EdD, Laurel Branen, PhD, RD, LD, Shannon Rusca

Learning Objectives:

1. Understand the difference in food allergy, food intolerance, and food aversion.
2. Develop an understanding of the serious impact of food allergies on young children.
3. Develop a repertoire of strategies to protect children from allergens in group settings.
4. Understand a Food Allergy Action Plan for a child in a group mealtime setting.

Introduction

When working with young children in group settings, you will teach and nurture young children with food allergies. You will work with their families and the staff who serve food to the child. Let's think about food allergies and children who eat meals and snacks in group settings where you may work or consult.

Food allergies are common in young children, especially allergies to peanuts, tree nuts, milk, and wheat. There are food allergies, food intolerances, and food aversions. Do you know the difference?

Do you know the common symptoms of food allergies? How will you tell if a child is having an allergic reaction to a food? If a child has an allergy, you **MUST** recognize the child's symptoms.

Common symptoms are: difficulty breathing; a rash; vomiting or diarrhea; or complaints of a weird feeling in their mouths. They may display obvious swelling of the lips, tongue, or mouth.

When an allergic reaction occurs, the common treatment is to try to reduce the body's release of histamine; so an anti-histamine is administered. A doctor may prescribe Benedryl®, or for more severe reactions, an Epi-Pen® or Twinject® which is an injection of an anti-histamine.

Because the child must have immediate care, the child needs a responsive adult who is prepared and ready to administer the drug.

Are you ready to support a child with a food allergy? Think about your role in feeding children with food allergies in the group setting.

You may choose to read an easy-to-follow booklet about the characteristics of allergies and treatment of allergies. Learn how food allergy and food intolerance are different things. The booklet offers basic information for working with children with food allergies. This booklet is from the well-respected National Institute of Allergies and Infectious Diseases.

<http://www3.niaid.nih.gov/topics/foodAllergy/PDF/foodallergy.pdf>



Planning for Feeding Children with Allergies in Group Settings

Memorize the following five key words. They represent five key concepts for feeding children with allergies in group settings.

SERIOUS
PROTECT
PREVENT
KNOW
PLAN

Food Allergies are SERIOUS

Food allergies are deadly serious. Recognize the life-threatening issue that a child's food allergies can bring. You never can be certain when the reaction to the unsafe food will be mild or when the reaction can go from what appears to be a tickle in the child's throat to full blown respiratory arrest.

Resist thoughts that a child with an allergy "might be able to eat a little bit of this food, just this one time, because it will taste so good to him, and he wants it, and besides that, he's hungry!"

PROTECT AND PREVENT

As adults who choose to work with young children, we take on the role of helping tiny humans who need our protection to survive. This protective role is all the more obvious when it comes to keeping a child with an allergy away from the unsafe food.

Many things that we take for granted in feeding typical children are intensified when we need to PROTECT a child with an allergy. The food environment we provide will need to be adapted to keep the child safe.

Even hand lotions, soap, and cleaners contain the allergen. Reading labels is essential. We will need to share our knowledge about allergens with everyone who comes into that child's world.

That means cooks, classroom staff, custodians, classmates, and other children's parents.

Keeping the allergen away from the child and the child away from the allergen is our job as the child's advocate in the group setting.

KNOW what to expect

Know characteristics of the child's allergies and the characteristics of the child's reactions to the allergen. When a child with a food allergy is in your care, close communication is essential with parents or guardians, and as appropriate, with the child's physician. Frequent, honest communication makes asking any question, large or small, or sharing information more likely. Know the words a child might use when an allergic reaction is occurring. Know about foods or even non-food items that may have the allergen in them. (For example, if a child is allergic to nuts, know that many foods use nut oils as an ingredient. Find out the possible variety of names of those "nut oil" ingredients.)

Know what the child's symptoms might be, if he is having an allergic reaction. Click on the link below. You will find a rich website from the Food Allergy News, Vol. 13, No. 2. ©2003 *The Food Allergy & Anaphylaxis Network*. Read some of the ways children might describe allergic reactions as they are experiencing the reactions.

<http://www.foodallergy.org/school/childdescribe.pdf>



Develop a PLAN

Those who enroll children with allergies in their programs must insist on a Food Allergy Action Plan. Adults who take care of a child need to know when a child needs help and they must know exactly what to do.

Learn about the Food Allergy and Anaphylaxis Network. This site displays an allergy action plan form to use in a child care center. The form for the plan is commonly used by doctors to help children keep safe in child care and school centers.

The child's physician will fill out the action plan, which will then be studied by the child care center director, staff, and parents. In case of an encounter with the food to which the child is allergic, the plan will be followed.

<http://www.foodallergy.org/actionplan.pdf>

Below is a real **Food Allergy Action Plan** that was developed by a physician and child care director. We changed the names and dates to protect confidentiality. Review the plan. See if you can answer these questions after your review.

1. When do you take action for this child's nut allergy?
2. How will you know if the child is having an allergic attack?
3. When will you call 911?



FEEDING YOUNG CHILDREN
IN GROUP SETTINGS



MEDICATION REQUEST FORM

STUDENT NAME: Parker Johnson Birthdate: September 17
SCHOOL: Children's School Grade/Room #: Pre 1 2

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

Name of Medication*	Dosage	Method of administration	Time(s) of day to be given
<u>hydrocortisone cream</u>	<u>application</u>	<u>apply to inflamed area</u>	<u>as needed</u>

*One medication per request form

Reason for medication: Dermatitis/Eczema

For As Needed medications, specify the minimum length of time between doses: 6 hrs

Possible side effects and action needed if noted at school: _____

RCW28.A210.370: Students with Asthma or Anaphylaxis

Please complete the following IF this medication request pertains to a student who will self administer medication for asthma or anaphylaxis at school.

This student has demonstrated to a licensed health professional in my office the ability to correctly self-administer this medication (inhaler or automatic adrenal device) and may carry the medication on his/her person. Yes No N/A

I request/authorize the above named student to administer the above named medication in accordance with the instructions indicated above for the dates of 9-1-00 to 8-15-00 (not to exceed the current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of Signature: 9-1-0000 Licensed Health Professional's Signature: Michael J. King, MD

Phone #: 555-1629 Fax: 555-4178 LHP's Name (print): MICHAEL J. KING, MD

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Please read Parent Information on the reverse side of this form.

I have read and understand the parent information regarding medication at school (reverse side or school office) and request/authorize trained school staff to administer medication to my child in accordance with the LHP's instructions above for the dates of 9/01/0000 to 9/01/0000 (not to exceed the current school year).

I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule.

I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following IF it pertains to your child's medication mentioned on this form:

Inhalers:

My child will carry inhaler on his/her person and is trained and capable to self-administer.

Yes No N/A
 Yes No N/A

If so, I will provide a second "back up" inhaler for school.

Injectable emergency medications (i.e. Epi-Pen@):

My child will carry device on his/her person and is trained and capable to self-administer.

Yes No N/A
 Yes No N/A

If so, I will provide a second "back up" injection device for school.

Other non-oral medications:

My child will carry the following medication (per district guidelines) _____ and has been instructed to self-administer non-oral medication (i.e. topical, eye, nose applications).

Yes No N/A

The district shall incur no liability as a result of any injury arising from the self-administration of medication.

Date of Signature: 9/01/0000 Parent/Guardian Signature: Shaniqua Johnson

Home Phone: 555-0934 Work/Cell Phone: 555-2561 Alternate Phone: 555-2103 (dad cell)

For District Nurse's Use Only:

Student has demonstrated to the nurse, the skill necessary to use the medication and any device necessary to self administer the medication.

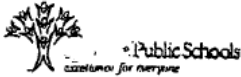
Device(s) if any, used: _____ Expiration date of medication: _____

Date: _____ Nurse signature: _____

This record must be maintained by the school district for 8 years.



FEEDING YOUNG CHILDREN
IN GROUP SETTINGS



MEDICATION REQUEST FORM

STUDENT NAME: Parker Johnson Birthdate: September 17
SCHOOL: Children's School Grade/Room #: Pre 1 2

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

Name of Medication*	Dosage	Method of administration	Time(s) of day to be given
<u>Benadryl</u>	<u>3chewable</u>	<u>oral</u>	<u>as needed</u>

*One medication per request form

Reason for medication: Food Allergies-milk, possibly mustard, peanut & tree nut
For As Needed medications, specify the minimum length of time between doses: 4-6 hrs
Possible side effects and action needed if noted at school: drowsiness

RCW28.A210.370: Students with Asthma or Anaphylaxis

Please complete the following IF this medication request pertains to a student who will self administer medication for asthma or anaphylaxis at school.

This student has demonstrated to a licensed health professional in my office the ability to correctly self-administer this medication (inhaler or automatic adrenalin device) and may carry the medication on his/her person. Yes No N/A

I request/authorize the above named student be administered the above named medication in accordance with the instructions indicated above for the dates of 9-1-0000 to _____ (not to exceed the current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of Signature: 9-1-0000 Licensed Health Professional's Signature: Michael J. King, M.D.
Phone #: 555-1624 Fax: 555-4178 LHP's Name (print): MICHAEL J. KING, MD

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Please read Parent Information on the reverse side of this form.

I have read and understand the parent information regarding medication at school (reverse side or school office) and request/authorize trained school staff to administer medication to my child in accordance with the LHP's instructions above for the dates of 9/07 to 5/08 (not to exceed the current school year).

I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule.

I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following IF it pertains to your child's medication mentioned on this form:

Inhalers:

My child will carry inhaler on his/her person and is trained and capable to self-administer.

Yes No N/A
 Yes No N/A

If so, I will provide a second "back up" inhaler for school.

Injectable emergency medications (i.e. Epi-Pen®):

My child will carry device on his/her person and is trained and capable to self-administer.

Yes No N/A
 Yes No N/A

If so, I will provide a second "back up" injection device for school.

Other non-oral medications:

My child will carry the following medication (per district guidelines) _____ and has been instructed to self-administer non-oral medication (i.e. topical, eye, nose applications).

Yes No N/A

The district shall incur no liability as a result of any injury arising from the self-administration of medication.

Date of Signature: 9/1/0000 Parent/Guardian Signature: Shaniqua Johnson
Home Phone: 555-0734 Work/Cell Phone: 555-2561 Alternate Phone: 555-2103 (dad cell)

For District Nurse's Use Only:

Student has demonstrated to the nurse, the skill necessary to use the medication and any device necessary to self administer the medication.

Device(s) if any, used: _____ Expiration date of medication: _____

Date: _____ Nurse signature: _____

This record must be maintained by the school district for 8 years.



FEEDING YOUNG CHILDREN
IN GROUP SETTINGS



MEDICATION REQUEST FORM

STUDENT NAME: Parker Johnson Birthdate: September 17
SCHOOL: Children's School Grade/Room #: Pre 1 2

THIS PORTION TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY

Name of Medication*	Dosage	Method of administration	Time(s) of day to be given
Epi Pen Jr	one	IM injection	as needed

*One medication per request form

Reason for medication: Food Allergies - milk, possibly mustard, peanut, tree nuts
For As Needed medications, specify the minimum length of time between doses: once only, if administered must go to ER
Possible side effects and action needed if noted at school: T HR, shakiness

RCW28.A210.370: Students with Asthma or Anaphylaxis

Please complete the following IF this medication request pertains to a student who will self administer medication for asthma or anaphylaxis at school.

This student has demonstrated to a licensed health professional in my office the ability to correctly self-administer this medication (inhaler or automatic adrenalin device) and may carry the medication on his/her person. Yes No N/A

I request/authorize the above named student to be administered the above named medication in accordance with the instructions indicated above for the dates of 9-1-0000 to 8-15-0000 (not to exceed the current school year), as there exists a valid health reason which makes administration of the medication advisable during school hours.

Date of Signature: 9-1-0000 Licensed Health Professional's Signature: Michael J. King M.D.
Phone #: 555-1629 Fax: 555-4178 LHP's Name (print): MICHAEL J. King, M.D.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

Please read Parent Information on the reverse side of this form.

I have read and understand the parent information regarding medication at school (reverse side or school office) and request/authorize trained school staff to administer medication to my child in accordance with the LHP's instructions above for the dates of 9/07 to 5/08 (not to exceed the current school year).

I understand that a medication dosage could be delayed or missed due to unexpected circumstances or changes in the student's schedule.

I also give my permission for the exchange of information between school district nurse and Licensed Health Professional for the purpose of clarifying medication orders/concerns that could affect safe administration at school.

Please complete the following IF it pertains to your child's medication mentioned on this form:

Inhalers:

My child will carry inhaler on his/her person and is trained and capable to self-administer. Yes No N/A
If so, I will provide a second "back up" inhaler for school. Yes No N/A

Injectable emergency medications (i.e. Epi-Pen®):

My child will carry device on his/her person and is trained and capable to self-administer. Yes No N/A
If so, I will provide a second "back up" injection device for school. Yes No N/A

Other non-oral medications:

My child will carry the following medication (per district guidelines) _____ and has been instructed to self-administer non-oral medication (i.e. topical, eye, nose applications). Yes No N/A

The district shall incur no liability as a result of any injury arising from the self-administration of medication.

Date of Signature: 9-1-0000 Parent/Guardian Signature: Shanique Johnson
Home Phone: 555-0734 Work/Cell Phone: 555-2561 Alternate Phone: 555-2103 (and)

For District Nurse's Use Only:

Student has demonstrated to the nurse, the skill necessary to use the medication and any device necessary to self administer the medication.
Device(s) if any, used: _____ Expiration date of medication: _____
Date: _____ Nurse signature: _____

This record must be maintained by the school district for 8 years.



Name: Parker Johnson
Birthdate: 9/17/0000

EMERGENCY ACTION PLAN:

Parents will provide an antihistamine, and an emergency adrenalin self-injector pen to stay with this child at all times. All caretakers should know where these medications are located and how to use them.

A. If this child has a suspected ingestion of any of their allergic foods, and is EITHER without any initial symptoms OR with just having mild skin symptoms:

1. Note the time, and stay with them. They will need to be observed closely for the next two hours.
2. Administer the oral antihistamine (Benadryl, 3 chewable tablets), as ordered by the doctor.
3. Call one of the parents at the numbers listed above. Call the emergency contact if one of the parents cannot be reached. Call Dr. Kraemer if the parents and emergency contacts cannot be reached.
4. ~~If none of the above listed numbers can be reached, you are advised to call 911 to have them help you assess the situation.~~
5. If the child is still having either no or very mild skin symptoms, the parents or any of the above listed emergency contacts may remove the child and their emergency medications from the site to transport them to either their home or to the nearest emergency facility.
6. The child should remain under the direct supervision of the parents or should remain in an Emergency Facility for the remaining two hours of observation. Reactions that start as only mild skin symptoms can still occasionally evolve into potentially more serious systemic symptoms.

B. If this child has a suspected ingestion of any of their allergic foods, AND if they begin showing ANY of the above potentially serious symptoms (see Page 1):

1. Note the time, and stay with them.
2. Administer the oral antihistamine (benadryl, 3 chewable tablets), as ordered by the doctor.
3. Administer the epinephrine self-injector pen (Epi-pen Jr87), as ordered by the doctor.

Take off the safety cap.

Place it against the meaty anterior muscles of the thigh. Hold the leg steady.

Push in (or jab) the pen until you can feel the mechanism activate.

Then hold it in place for a count to ten.

Discard the pen.

~~Do not hesitate to administer the adrenaline injector pen even if the parents, the emergency contact, or the doctor cannot be reached.~~

4. Call 911 to assess and have them ~~transported~~ transported to the nearest emergency room. Take this sheet with you to the Emergency Room. The doctors there will take over.
5. Then try to contact the parents, or the emergency contacts, or Dr. Kraemer at the numbers listed above.

Michael J. King, MD
Michael J. King, MD

Parent Signature: *Shirley Johnson*



Strategies for Program Staff who Feed Young Children in Group Settings

Janice Fletcher, Laurel Branen, and Shannon Rusca
University of Idaho

Use these strategies to avoid serious life-threatening scenarios for a child with a food allergy.

- Talk often and honestly with the child's parents
- Memorize the Food Allergy Action Plan
- Read labels for EVERYTHING that comes into the room
- Cheerfully and steadfastly offer alternative foods to protect the child from the allergens
- Carry the child's medicine with you at all times and for all activities at the center
- Help the child learn about his allergy and to stay away from that allergen
- Help the child learn to ask questions about what is in his food
- In a matter of fact fashion, enlist classmates to help protect a child from the allergen.

Check out the many resources at the Food Allergy and Anaphylaxis Network.

<http://www.foodallergy.org/>

Resources for Further Reading

http://teammnutrition.usda.gov/Resources/Nibbles/food_allergies.pdf

From USDA Team Nutrition: This site has handouts that you can download and copy for free to give to parents:

<http://www.fankids.org/>

From The Food Allergy and Anaphylaxis Network: This site has child friendly pages.

<http://www.foodallergy.org/school/SchoolGuidelines.pdf>

From School Guidelines: This site has a set of guidelines that offer a rich source for strategies for supporting children with food allergies

<http://www.doe.mass.edu/cnp/allergy.pdf>

From Massachusetts Department of Education: This site has information about the role of schools and food allergies, and a section on the role of families. Be sure to visit the appendix of this rich booklet of information.