



## Summary of NICE Guidelines

Title	Faltering growth: recognition and management of faltering growth in children
NICE Reference	NG75
Date of Review:	May 2018
Date of Publication	September 2017
Summary of Guidance (Max 250 words)	<p>The term faltering growth refers to a slower rate of weight gain than expected for both age and sex. Management for newborns and older infants is addressed separately in these guidelines due to differences in presentation and management.</p> <p><b>New born children</b></p> <p>It is normal for new born children to lose weight in their early days. However, should this exceed 10% of their birth weight, the following must be considered:</p> <ul style="list-style-type: none"><li>• Evidence of dehydration, illness or disorder</li><li>• History of feeding issues/ observation of feeding</li><li>• Weight measurement at appropriate intervals</li></ul> <p>Should this weight loss persist, consider referral to paediatric services.</p> <p><b>Faltering growth after early days</b></p> <p>Thresholds for faltering growth in children are determined based on any changes in their current weight compared to birthweight in relation to average values expected for their age and sex.</p> <p>The following should be considered if faltering growth is suspected:</p> <ul style="list-style-type: none"><li>• Child's height/weight in relation to parents</li><li>• Clinical, developmental and social assessment</li><li>• Supplementary feeding (NB: can often result in cessation of breastfeeding)</li><li>• Investigations for UTI's, Coeliac disease and cystic fibrosis</li><li>• Weight measurement at appropriate intervals</li></ul> <p>Referral to the appropriate paediatric services should be considered if signs/symptoms persist, there is a failure to respond to any intervention, slow growth, continued weight loss or safeguarding concerns.</p> <p>The appropriate organisation of care should be put in place for both the patient and family when investigating faltering growth. Specific attention should be given to support/information available, alongside a clear patient management plan.</p>
Impact on Lab (See below)	■ None

Lab professionals to be made aware	<ul style="list-style-type: none"> <li>✓ Chemical Pathologist</li> <li>✓ Clinical Scientist</li> </ul>
Please detail the impact of this guideline (Max 150 words)	<p>Neonates whose weight loss is deteriorating in their early days of life, or those who are at risk may require additional monitoring in the form of biochemical analysis. Analytes such as U&amp;E's, LFT's, CRP or a FBC can be sent directly to the laboratory and are routinely measured in paediatric patients and treated as urgent. More specialised (paediatric or genetic) tests would take longer as these are sent away to referral laboratories. Additionally, these would incur a greater financial impact to the laboratory.</p> <p>Management of older infants would have a similar impact on the laboratory as they are still treated as urgent paediatric samples. Healthcare scientist should be aware of the importance of handling, analysing and reporting paediatric results, as acutely unwell patients can deteriorate rapidly. It is therefore paramount that laboratory turnaround times are adhered to in addition to all urgent results being phoned where necessary.</p>

#### **Impact on Lab**

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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