

registers at exactly 0 or in the middle of the mark. If the end of the balance beam rises to the top or bottom of the mark, more or less weight, respectively, is needed. Some scales are designed to self-correct, but others need to be recalibrated by the manufacturer. Scales vary in their accuracy; infant scales tend to be more accurate than adult platform scales, and newer scales tend to be more accurate than older ones, especially at the upper levels of weight measurement. When precise measurements are necessary, two nurses should take the weight independently; if there is a discrepancy, take a third reading and use the mean of the measurements in closest agreement.

Take measurements in a comfortably warm room. When the birth-to-2-year or birth-to-36-month growth charts are used, children should be weighed nude. Older children are usually weighed while wearing their underpants, a gown, or light clothing, depending on the setting. However, always respect the privacy of all children. If the child must be weighed wearing some type of special device, such as a prosthesis or an armboard for an intravenous device, note this when recording the weight. Children who are measured for recumbent length are usually weighed on an infant platform scale and placed in a lying or sitting position. When weighing a child, place your hand slightly above the infant to prevent him or her from accidentally falling off the scale (Fig. 4-10, A) or stand close to the toddler, ready to prevent a fall (see Fig. 4-10, B). For maximum asepsis, cover the scale with a clean sheet of paper between each child's weight measurement.