

especially in the area of feeding.



**FIG 10-1** A consistent nurse is important in developing trust in infants with failure to thrive (FTT).

Because many of these children are responding to stimuli that have led to the negative feeding patterns, the first goal is to structure the feeding environment to encourage eating. Initially, staff members and a feeding specialist may need to feed these children to thoroughly assess the difficulties encountered during the feeding process and to devise strategies that eliminate or minimize such problems.

Four primary goals in the nutritional management of children with FTT are to correct nutritional deficiencies and achieve ideal weight for height, allow for catch-up growth, restore optimum body composition, and educate the parents or primary caregivers regarding the child's nutritional requirements and appropriate feeding methods. For infants, 24 kcal/oz formulas may be provided to increase caloric intake; older children (1 to 6 years old) may benefit from a 30 kcal/oz formula ([American Academy of Pediatrics, 2014](#)). Other carbohydrate additives include fortified rice cereal and vegetable oil. Because vitamin and mineral deficiencies may occur, multivitamin supplementation, including zinc and iron, is