

# 5. A CLINICO SOCIAL CASE OF PROTEIN ENERGY MALNUTRITION

Name of clinical unit : paediatric

ward no : III

Name : Kivan

Age : 1 1/2 year

sex : Male

Address : H.No 4/33, Be colony, Adoni  
Karnool district

Informant : Vanaja, Mother

Date of Admission : 26-1

IOP no : 567821

chief complaints : loose motions, Since 1 week  
Fever since 2 days

## Socio ECONOMIC HISTORY :

Total no. of family members - 5

Type of family - Joint family

Head of family - Govindhu.

NAME	Age/ sex	Relation to Head	Educ- ion	Occupation	Income	Health	Imm- unizab-
Govindhu	28/M	Head	8th class	Agriculture labour	6000/m	Healthy	-
Vanja	23/F	Wife	Illiterate	/	1500/m	Healthy	-
Ramudh	20/M	Brother	10th class	Auto driver	2000/m	Healthy	-
Bhavya	3/F	daughter	-	-	-	Healthy	Imm- unizab-
Kivan	1 1/2/M	Son	-	-	-	Care	-

per capita income =  $\frac{9500}{5} = 1900$  / head / month

### SOCIO ECONOMIC STATUS :

According to Modified ISs prebad classification belong to class III lower middle

### ENVIRONMENTAL HEALTH :

Housing : own, Semi-pucca house, 2 rooms, 2 door,  
1 window, No cross ventilation  
over crowding present  
No adequate lighting  
LPG gas present for cooking  
Smoke outlet is present.

Water supply : Protected Municipal Water is used for  
both drinking and domestic purpose  
→ Water is stored in plastic container and  
covered lid,  
- No Filtration Methods are practised.

Sanitation : Separate bathroom and lavatory present  
Solid Waste is disposed outside the House  
Liquid Waste : Sewage : open drainage  
Sullage : open drainage  
Vector breeding sites are present  
No Domestic animals.

### HEALTH CARE FACILITIES :

Anganwadi centre is present 11 km away from  
house and they are not utilizing it.

### HISTORY & PRESENT ILLNESS :

Loose Motions : Since 3 days, 4-5 times/day  
Watery in consistency  
More in amount  
Not associated with blood.

Fever : Since 2 days, High grade  
Intermittent Fever  
Not associated with rash  
Not associated with chills and rigors  
Relieved by taking medication

No H/O Present respiratory tract infection  
H/O loss of appetite and loss of weight  
H/O mouth and tongue depression.

#### PAST HISTORY:

No H/O Similar complaints in past  
No H/O asthma, jaundice, leprosy, epilepsy

#### FAMILY HISTORY:

No H/O Similar complaints in family.

PERSONAL HISTORY: Breast Fed upto 8 months,  
Complementary feeding started at 9 months of age  
developmental milestones Normal.

#### IMMUNISATION HISTORY:

Regular immunisation taken.

At birth: BCG, OPV

6 weeks: pentavalent, + OPV,

10 weeks: pentavalent + OPV

14 weeks: pentavalent + OPV

9 months: vit A + measles

16 months: DPT booster, OPV booster, + vit A.

#### ANTENATAL HISTORY:

she had regular antenatal check up at GGH,  
Kurnool gave birth to healthy male child who cried  
immediately after birth with birth weight of 2.5 kg

#### NATAL HISTORY:

Mother underwent Caesarean Section in GGH,  
Kurnool. she had undertaken TT and IFA prophylaxis.

#### DIETARY HISTORY:

Exclusively breast feeding for 6 months, 8 times/day

Breakfast :  $\frac{1}{2}$  dosa + chutney + 100ml of milk

Lunch :  $\frac{1}{2}$  cup rice +  $\frac{1}{2}$  cup dhal + 1 apple

Dinner :  $\frac{1}{2}$  cup rice +  $\frac{1}{2}$  cup dhal.

Nutritional Aspect	Daily requirement	Daily uptake	Deficit
Energy	1060 kcal/day	700 kcal	360 kcal
Protein	8.4 gm/day	5.6 gm	2.8 gm

### GENERAL EXAMINATION:

child is conscious, coherent, ill built and poorly nourished

### Anthropometry:

Weight - 8 kg

Height - 80 cm

Chest circumference - 47 cm

Head circumference - 45 cm

Mid arm circumference - 11 cm

Xanthor - present

No cyanosis, clubbing, lymphadenopathy

pedal edema - present

### Vital data:

Temperature - Afebrile

Pulse Rate - 98 beats/min

Respiratory rate - 22/min

BP - 110/70 mmHg.

### SYSTEMIC EXAMINATION:

INSPECTION: Hair: Brownish discoloration

Skin: Hyperpigmentation over buttocks, and peeling of skin present

Face: oedema of face, eyelids, moon-faced shape

Mouth: No bleeding over gums, angular

Stomatitis, glossitis, present

Eyes: Bitot's Spots present

Hand, and feet: edema of feet

Abdomen → Distended

Supraclavicular fossa → Empty

**PALPATION:** Skin turgor lost  
Cold extremities  
Hepatomegaly present

**CVS:** S<sub>1</sub>, S<sub>2</sub> are heard.

**Respiratory System:** Vesicular breath sounds are heard, no added sounds.

**CNS:** Motor and Sensory System Functioning Normal

### PROVISIONAL DIAGNOSIS:

A 1½ year old male child named Iqvan, presented with protein energy malnutrition probably kwashiorkor.

### CLINICO SOCIAL DIAGNOSIS:

Male child of 1½ year age named Iqvan is suffering from protein energy malnutrition probably kwashiorkor due to:

- low energy and calorie diet intake, leading to the malnutrition.
- Malnutrition lead to infection

**Knowledge:** Mother is aware that child condition is due to poor intake of food.

**Attitude:** Attitude of family towards child is caring and supportive.

**PRACTICE:** They are not following any cultural practices.

**ADVICE:** To provide proper diet  
To practice Filtration Method, for drinking water.  
To maintain hygiene in surrounding,  
Hand Washing.

## LEVELS OF PREVENTION:

### PRIMARY PREVENTION:

At individual level: By regular immunisation.

At family level:

- Measures directed to pregnant and lactating mother.
- promotion of breast feeding.
- Development of low cost weaning food.
- protein energy rich food supplementation.
- measures regarding education about importance of IFA prophylaxis.

At community level:

Measures to improve and treatment

- To maintain hygiene in surrounding.

### SECONDARY PREVENTION:

- Early diagnosis and treatment  
child is diagnosed early and he is improving

## RELEVANT NATIONAL PROGRAMMES IN INDIA:

- 1) Vit A prophylaxis programme: Oily preparation of Vit A contain 2 lakh IU orally at all pre school children in community every 6 months by peripherally health worker.
- 2) Special Nutritional programme: For nutritional benefit of children below 6 years of age, pregnant and nursing mother.
- 3) prophylaxis against Nutritional Anaemia: Distribution of iron and Folic acid tablets in pregnant women and children Iodine Fortification to common salt.
- 4) Balwadi Nutritional programme: For benefit of children in age group of 3-6 yrs in rural areas.
- 5) Integrated Child Development Services:  
The Beneficiaries are preschool children below 6 yrs and pregnant, lactating mother and adolescent girls.
- 6) Midday Meal Scheme:  
To provide school attendance and nutrition of children.

Complaints  
loose motions since 3 days  
Fever since 2 days

### Prevention

Medical: To correct infection, electrolyte balance

Social: Improve food protection and promotion of good feeding practice

Socioeconomic factors:  
poverty, Ignorance, Lack of knowledge regarding Nutrition, inadequate Sanitation

Kiran 1 1/2 yr  
S/O Gopinath  
B. Colony, Adoni  
Kurnool

### Related Programme:

- Integrated child development scheme
- Balakadi Nutritional programme
- Special Nutritional programme

### Risk factors

Infections, disease, diarrhoea, paraviruses, TB, malaria, culture food practices