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ABSTRACT

This nutrition problem classification system is an attempt to classify the nutritional needs and problems of children and youth. Its two most important uses are problem identification and monitoring for individual patients and creation of an information base for developing program plans for intervention in a service population. The classification codes are intended: to assist in identification of problems and to describe health status, to make summarizations of problems and status easier for groups of served persons, and to be used in patient care planning, care evaluation audit and review. They can also be used to form a base for field research. This system classifies problems into six major groupings: physical problems or long-term illness, behavioral/emotional/learning problems, the child's environment; growth and development, stress and transient situations, and child rearing and home management. A seventh grouping describes the child's state of health as "well" within the expertise of the nutrition discipline, while also classifying anticipatory needs of children whose current state of health is either "well" or "not well". The diagnostic codes have been designed as a four digit categorization system. Separate numerical codes have been developed on the basis of frequency of occurrence, importance and preciseness of characterization of the condition or problem. (Author/JP)

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**NUTRITION PROBLEM CLASSIFICATION
FOR
CHILDREN AND YOUTH**

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services Administration
Bureau of Community Health Services
5600 Fishers Lane
Rockville, Maryland 20852

PREFACE

The Children and Youth projects were established in 1965 to provide comprehensive health care to children of low-income families. Early in the development of these projects, it became apparent that health professionals, other than physicians and dentists, did not have a classification system for identifying and reporting patient problems. Supported by a Maternal and Child Health research grant, Minnesota Systems Research, Inc., has developed Problem Codes for Nursing, Social Work, Nutrition and Psychology. This work was accomplished with the assistance of professionals of these disciplines from project, Regional, and Central Office staff. The Problem Codes have been pilot tested and revised on the basis of comment from practitioners.

Major objectives of the Bureau of Community Health Services include the improvement of child health care in all delivery settings. To assist in implementing this objective, the Bureau of Community Health Services is disseminating these Problem Codes to providers in the field for expanded application. This problem classification system is a tool to be used in recording and identifying health problems presented to practitioners by their patients. It is a first step toward standardizing the diagnostic information used in deciding what care is needed and appropriate for individual and family health. Because of consistency in terminology, the use of the code can lead to improved record keeping and to improved communication between health professionals. Potentially, it can be used in aggregate form for program planning, determining provider effectiveness, resource allocation, and finally, for evaluation of various modes of health care delivery.

To be of value, the Problem Codes must be utilized by people who understand and appreciate its potential and its limitations in carrying out a specific activity. Regional workshops are being planned for consulting and practicing multidiscipline professionals on the use and benefits of the Problem Codes. We urge you to review this problem classification system and to utilize it where feasible.

We invite your critical comments.



Vince L. Hutchins, M.D.
Director
Division of Clinical Services
Bureau of Community Health Services
Health Services Administration
Department of Health, Education, and Welfare

APR 12 1977

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INTRODUCTION TO CLASSIFICATION SYSTEM OF NUTRITION PROBLEMS

This Nutrition Problem Classification system is an initial effort to classify the results of the assessment function for nutritionists. It was developed within the framework of a multi-disciplinary program for the delivery of child health services. The codes are intended to:

- a) assist in identification of problems and to describe health status
- b) make summarizations of problems and status easier for groups of served persons
- c) be used in patient care planning, care evaluation audit, and review as well as to form a base for field research.

In 1965 the Federal government passed legislation requiring the delivery of comprehensive health care to children of low-income families through Children and Youth (C & Y) projects. This legislation required all projects to collect certain data about the population they served, the health problems they encountered, and the services they delivered. One class of required data items was the medical and dental conditions diagnosed. At that time a classification system for medical and dental diagnoses existed and was modified for C & Y project reporting. It soon became apparent, however, that other disciplines, including nutrition, social work, psychology and nursing might also benefit from the use of a classification system for identifying and reporting patient problems related to their areas of functioning.

The development of a nomenclature and classification system for nutrition, nursing, social work and psychology was begun and completed as a part of a grant which required the collection of uniform statistical data to be used in documenting the delivery of comprehensive health care to children and youth. Professionals from each of these four areas were selected to form task forces. Each of these task forces was to develop a system which would name and code the status of patients when assessed in each of their disciplines. At various stages in the development of these four pieces of work, the materials were tested by practitioners in differing types of health care delivery settings. Based on the results of these trials, the materials were then revised.

In the context of this nomenclature and classification scheme, the term "problem" has been used to connote the status of a child who has been assessed by professionals in the nutrition discipline and found to be "not well", i.e., an actual or anticipated dysfunction of the individual by nutritional standards. It presumes that the systematic process of restoring and enhancing functioning, as well as preventing dysfunctioning within the framework of the nutritional expertise, can best occur when an orderly identification of needs or problems is individually perceived and then documented for individuals or populations. The system classifies problems into six major groupings: 1) physical problems or long-term illness; 2) behavioral/emotional/learning problems; 3) the child's environment; 4) growth and development; 5) stress and transient situations; and 6) child rearing and home management. A seventh grouping is included which has a dual purpose; it provides a code which describes the child's state of health as "well" within the expertise of the nutrition discipline, while also classifying anticipatory need of children whose current state of health is either "well" or "not well".

As a discipline, nutrition uses the concept of multiple causation of problems recognizing the bio/psycho/social nature of individuals. This classification system reflects that concept in its descriptive terms and structure. In so doing, it makes it possible for the user to identify clusters of functions and dysfunctions of individuals, and is also the first step in quantifying the areas of need and the gaps in service for groups.

This classification and coding system is, therefore, one element in defining the complete array of health problems which occur in a population. Although it offers a means of describing and documenting functioning and dysfunctioning, for each discipline area, it does not identify or prescribe methods of intervention.

PURPOSE

The development of the Nutrition Problem Classification is an early step in the direction of providing a uniform nomenclature for classifying the needs and problems of children and youth. There are many potential uses for a diagnostic classification and coding system. The two most important

uses for the practitioner are a) problem identification and monitoring for individual patients and b) creation of an information base for developing program plans for intervention for a service population. With respect to the individual patient, the classification structure facilitates a more complete assessment because it suggests a wide spectrum of possible considerations such as: anticipatory guidance; illness management; physical, behavioral, emotional and learning problems, environmental and community effects; growth and development; stress and crisis management problems. With respect to the population needs, the incidence of specific problems can be determined in order to identify the frequency of prevailing problems, high risk groups in a given population, the direction of efforts by professionals in that field, and the contribution of nutrition to the total care for the patient within that particular health care delivery setting.

UTILIZATION - APPLICATION

The use of the Nutrition Problem Classification will suggest functions and applications for the future as data are generated by different health care sites and practitioners. Included below are selected potential uses and applications of the diagnostic classification and codes.

Patient Care

By using the classification and codes a more complete and explicit identification and definition of the problem or problems of the individual patient can be made. This should result in specific, tailor-made care plans for each person. This system can also be used as the basis for a relatively simple monitoring mechanism to track each individual in terms of their problems and care plan and thus check on the effectiveness of the planned intervention.

Planning

In order to decide on a plan - who is to do what; with, by, to and for whom; at what time; in what place; by what methods; using what resources; in what sequence; for what intended outcome - one must begin with an identification and definition of the problem. This coding and classification can serve as that initial step in planning for an individual or for a program.

By summarizing data collected on the nature and extent of nutrition problems one can identify unmet needs, gaps in services, and priorities for program planning. The periodic review of the data will make it possible to shift program priorities as intervention affects previously identified problems.

This classification and coding system also enables interdisciplinary problem identification and planning in a team setting. This is followed by determining which team member is responsible for intervention, thereby eliminating a duplication of unnecessary patient and staff interaction.

Accountability

Use of the coding system provides the opportunity for the practitioner to describe nutrition problems in a uniform manner and thus assemble data which can identify unmet needs or gaps in service for the individual or populations being served. Comparison of problems over time, across disciplines and health care settings, as well as by region, age, sex and ethnic group will provide an extensive data base useful to practitioners and health planners. The data will also help health care professionals see the magnitude of existing problems, give order to priorities for service, and show manpower needs internally to their program planners as well as externally to legislators, budget administrators, third party payors and other individuals whose decisions affect the existence and scope of health care delivery systems.

Program Evaluation

The codes will provide the data base and (if used in monitoring care plans) the outcomes for evaluating the efficiency and/or effectiveness of both intervention and prevention programs.

Research

The data base provided by the diagnostic codes is potentially the required resource for research to investigate relationships between nutritional problems and other health problems; between problems and types of intervention; and between problems and outcomes.

INSTRUCTIONS FOR USING NUTRITION PROBLEM CODES

RATIONALE FOR ASSIGNING CODES

The diagnostic codes have been designed as a four digit categorization system. Separate numerical codes have been developed on the basis of frequency of occurrence, importance and preciseness of characterization of the condition or problem. In addition to the tabular numerical code listing there is an alphabetical index of the conditions/problems with their corresponding numerical code.

Prior to assigning a numerical code, the alphabetical listing should be consulted to locate the correct problem descriptor and corresponding numerical code. It is possible that a particular descriptor or descriptive phrase may have more than one alternative numerical code reflecting nutritional problems or status. When more than one code is possible for one problem the level of preciseness or focus from the assessment will determine which code to use.

It is important to note that this classification system is a compromise: a composite index which will not meet all specialized needs. It is also important to realize that the degree of standardization is often erratic in terms of: 1) the focus of nutrition practice across various health care settings; 2) the assessment/workup process from one practitioner to another in the same discipline and/or; 3) the description of nutritional functioning or dysfunctioning from one nutritionist to another even within the same setting. It is hoped, however, that this endeavor will improve standardization in these areas (when possible) and provide at least a common basis of nomenclature and classification of problems. By summary tabulation it can also document the degree of functioning or dysfunctioning which exists in a population of children and youth.

The degree of completeness of recording identified problems for each child depends upon the use to be made of such information:

1. INDIVIDUAL PROBLEMS OR STATUS

If the coded information is to be used to indicate intended resolution of the problem or other status, the practitioner would code only those problems which he/she expects to affect or resolve or the status he/she expects to maintain.

2. INCIDENCE OF PROBLEMS

If the coded information is to be used to indicate the rate at which problems are newly arising in a program or community, the practitioner would only need to code an individual's problems/needs which fit the targeted objectives of the practitioners and/or program (and summarize them).

3. PREVALANCE OF PROBLEMS

If the coded information is to be used to indicate the rate at which problems exist in the community, the practitioner would need to list and code all problems identified for each child (the child's general health status) so that they can be summarized for the service area.

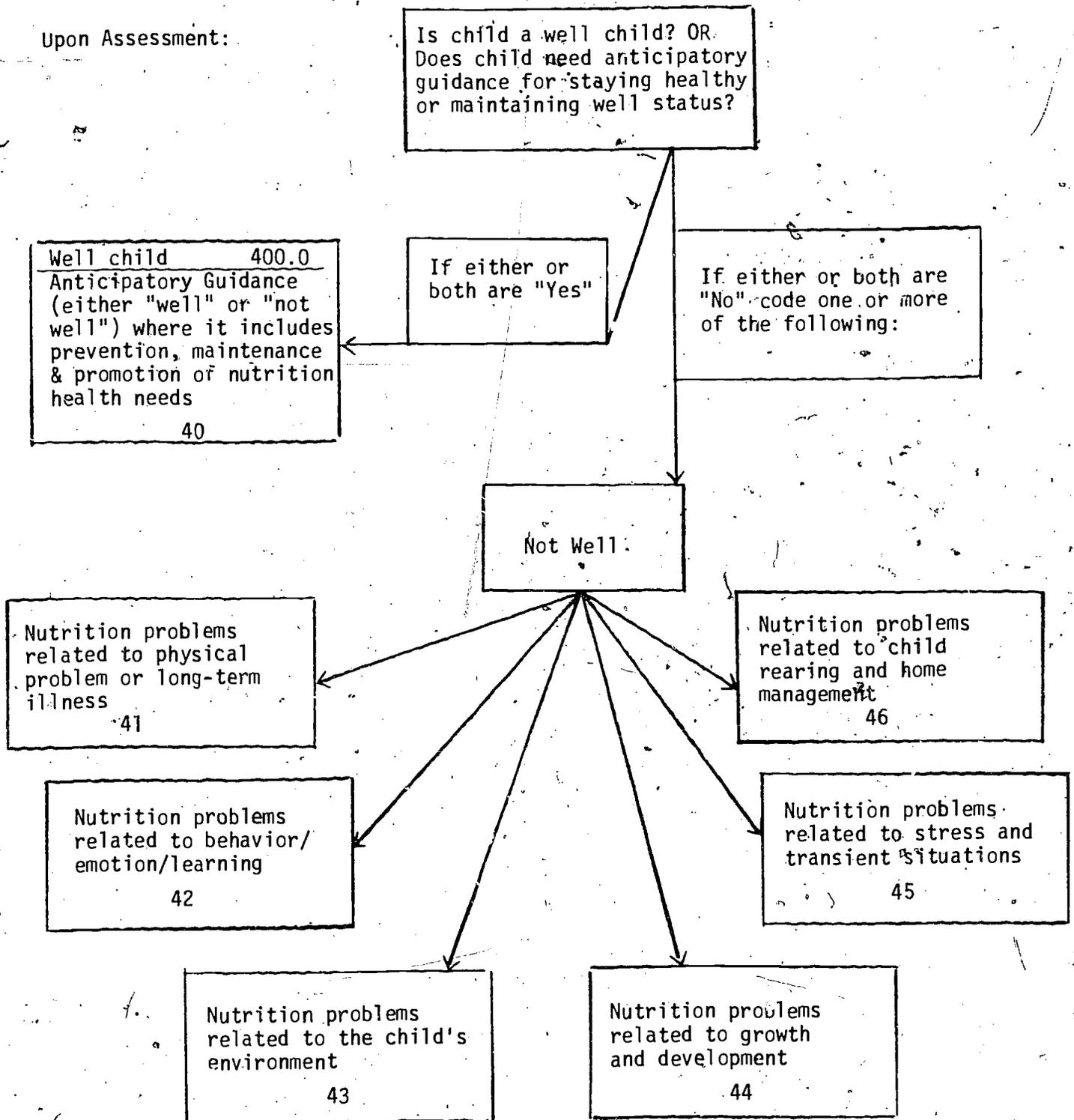
In all cases, it should be emphasized that the codes are to be used to document problems and needs of children and youth and not intervention techniques/methods. These problems are identified specifically in the nutritionist's area of functioning, and are usually not the same as the medical diagnoses, although they are often related. Furthermore, the nomenclature and classification scheme is designed to be patient specific, and is not designed to describe specifically the family situation, other family members or other external forces or conditions except as the codes specify them to be a factor or an impingement upon the functioning or dysfunctioning of the particular child being assessed.

DESCRIPTION OF PROBLEM CODE BY POSITION DIGIT

The following diagram represents the major categories of problems which form the basis of the classification scheme for nutrition.

NUTRITION CODES: MAJOR CATEGORIES

Upon Assessment:



First Position Digit Identifies the Discipline or Functional Area

3 - Nursing

4 - NUTRITION

5 - Social Work

6 - Psychology

Second Position Digit Identifies the Major Categories (see diagram)

- 40 - Well child; anticipatory guidance for "well" and "not well" children, i.e., prevention, maintenance and promotion of nutritional health needs.
- 41 - Nutritional problems related to physical problem or long-term illness.
- 42 - Behavioral/emotional/learning problems of the child affecting nutritional status.
- 43 - Environmental problems affecting nutritional status.
- 44 - Nutritional problems related to overt problems due to temporary deviations from normal growth and development.
- 45 - Nutrition management problems related to stress and transient situations (short-term).
- 46 - Child rearing and home management problems affecting nutritional status.

Third Position Digit Identifies the Problem More Specifically

The third position digits __ 0 to __ 9 in the code structure identify more specifically the nutritional problems in each of the major categories. The third digit, __ 9, has been designated "Other" and is to be used consistently for the few of a kind problems, not otherwise specified. The recorder should always state the problem when this third digit 009 - Other is used. Users may wish to designate a separate code for a certain "other" problem group if that problem exists in their setting in sufficient numbers.

Fourth Position Digit Identifies the Problem by Name or Very Specifically

The fourth position digits ___ .0 to ___ .9 in the code structure identify by name the exact problem assessed in the nutritional area. The fourth digit, ___ .9, has been designated "Other" and is to be used consistently for the few of a kind problems, not otherwise specified. The recorder should always name the problem when this fourth digit ___ .9 - Other is used.

AREAS OF SPECIAL NOTE WHEN ASSIGNING CODES

Coding of Well Child Status/Anticipatory Guidance

Category 40 - includes a code for the well child who has no needs other than routine health promotion counseling. If, however, the nutritionist judges that the well child has a specific area of potential need, a code from 401 - 409 should be assigned which will specify that particular anticipated nutritional need. When there are areas of anticipatory guidance covered routinely, as part of the overall nutrition program, it is not necessary to code this routine. Only when the nutritionist has particular concern or sees a special anticipatory guidance need does a specific code need to be assigned to the well child.

Coding of Anticipatory Needs

In addition to applying the anticipatory guidance codes in 401 - 409 to a well child status, these codes may also be used in association with illness conditions or problems of not well children (410 - 499). If a child has a problem and needs related anticipatory counseling, code the problem(s) and also code any anticipatory or supportive counseling need(s).

Problems of Family or Environment Affecting Child

As has been stated, this nomenclature and classification system is based on patient specific assessment and is limited to problems of a child and youth population. It includes sections for coding the child's community or household environment, as well as cultural and family practices which appear to impinge directly on the child's nutritional status. However, these codes are not intended to describe fully the status or problems of those other persons or situations.

Distinction in Similar Nomenclature Used at Third and Fourth Digit Positions

In some cases the same or similar phrases are used to code conditions at both the third digit level and fourth digit level. The assignment of the appropriate code is dependent on the depth and thoroughness of the assessment/workup process,

as well as the role and focus of the nutrition program and practitioner. It may not be possible for the assessment/workup to be sufficiently in depth to name the specific condition. ~~At that time a third level code should be~~ used. The completeness with which the practitioner is able to define and describe the patient's overall nutritional status may therefore, dictate the level of code which can be assigned.

Followup Visits

When patients return for a followup visit for a previously identified problem, the recording system to which this coding applies must include some mechanism to assure that it is a revisit and not a new condition. Although the followup mechanism should be documented as part of a summary data system, it is beyond the scope of this tool. Comment is included here to be certain that multiple recording and reporting of the same condition does not occur in the uses for planning or estimating prevalence or incidence.

Identification of Problems, Not Intervention Techniques

In utilizing this classification system, it is important to remember that the results of the assessment of a situation which exists or potentially exists as a problem or need is what is being classified, not an intervention technique or method. As a result of the assessment/workup process, one or more short descriptive statements or phrases are written which summarize the findings of that process, i.e., problems are described or "wellness" is documented and numerical codes are assigned to these statements. Following this assessment a plan of care should be developed which will include methods or techniques of intervention or treatment to resolve the problems or maintain the "wellness". It is not possible to classify these intervention techniques or methods using these codes as presently developed, although this system would form the basic data set for any subsequent monitoring of intervention or evaluation of outcomes.

CASE EXAMPLES AND APPLICATION OF NUMERICAL CODES

Case #1: Melissa is a 5 9/12 year old female with Cerebral Palsy. She is referred to the nutritionist because of a chewing and swallowing problem. Problem Code: 410.1

4

1

0

.

1

Designates NUTRITION as area identifying the problem

Designates major problem as MANAGEMENT OF PHYSICAL PROBLEM OR LONG TERM ILLNESS

Designates specific problem as NUTRITIONAL MANAGEMENT OF PHYSICALLY HANDICAPPED

Name of problem is NEED FOR FEEDING TECHNIQUES &/OR SELF-FEEDING SKILLS

Case #2: Molly is a 19 year old mother who is referred to the home economist because she needs clothing for her children. The home economist learns that she knows how to sew, but not how to use the available sewing machine. The patient wants to repair and remodel clothing that has been given to her and also make some new garments. Problem Code: 464.0

4

6

4

.

0

Designates NUTRITION as area identifying problem

Designates major problem as CHILD REARING AND HOME MANAGEMENT

Designates specific problem as CLOTHING AND HOUSEHOLD GOODS MANAGEMENT

Name of problem is NEED FOR ADEQUATE CLOTHING AND HOUSEHOLD GOODS

Case #3: Bobby is a 3 year old healthy boy who is referred to the nutritionist because of his mother's concern about his small appetite and selective food preferences. Problem Code: 402.0

4 0 2 . 0

Designates
NUTRITION
as area
identifying

Designates
major area
as ANTICIPATORY
GUIDANCE

Designates
that SUPPORTIVE
COUNSELING
SPECIFIC TO THE
PRE-SCHOOL CHILD

Names specific
area for counseling
as FOOD JAGS, SMALL
APPETITE

CONCLUSION

As with most developmental endeavors of this type, no amount of testing, revising and thought can create a product that does not need to be updated, changed and/or expanded to meet future needs. In any profession, areas of expertise, interest and focus change over time.

There are one-thousand codes available in this particular coding scheme. By adding another digit greater specificity could be accomplished. However, far less than the one-thousand possibilities are currently utilized. Within this schema, expansion could be made for more preciseness, for specialized areas of nutritional care, or for inclusion of other age groups.

4-- NUTRITION PROBLEM CLASSIFICATIONS

40- ANTICIPATORY GUIDANCE FOR "WELL" AND "NOT WELL" CHILDREN

400 Well Child

400.0 Well child, only routine anticipatory guidance needed, no specific problem

401 Infants (0-12 months), need for preventive, anticipatory guidance or supportive counseling in relation to

401.0 Introduction of foods, feeding practices for age

401.1 Dental care

401.2 Formula/food preparation

401.3 Breast feeding

401.4 Overfeeding, obesity

401.5 Myths

401.6 Nutrient needs, food/nutritional supplements

401.7 Underweight

401.8

401.9 Other

402 Pre-schoolers (1-5 years), need for preventive, anticipatory guidance or supportive counseling in relation to

402.0 Food jags, small appetite

402.1 Dental care

402.2 Obesity, overweight

402.3 Pica

402.4 Myths and fads

402.5 Delayed weaning, baby bottle syndrome

402.6 Nutrient needs, food/nutritional supplements

402.7 Underweight

402.8

402.9 Other

403 School age child (6-12 years), need for preventive, anticipatory guidance or supportive counseling in relation to

- 403.0 Obesity, overweight
- 403.1 Underweight
- 403.2 Nutrient needs, food/nutritional supplements
- 403.3 Dental care
- 403.4 Snacking
- 403.5
- 403.6
- 403.7
- 403.8
- 403.9 Other

404 Teenagers (13-19 years), need for preventive, anticipatory guidance or supportive counseling in relation to

- 404.0 Obesity, overweight
- 404.1 Underweight
- 404.2 Food fads, fad diets
- 404.3 Nutrient needs, food/nutritional supplements
- 404.4 Dental care
- 404.5 Lack of appetite, moodiness at mealtime
- 404.6
- 404.7
- 404.8
- 404.9 Other

405 Need for information or assistance on child rearing and home management

- 405.0 Clothing for child
- 405.1 Housekeeping skills
- 405.2 Family relationships
- 405.3 Money and other resource management
- 405.4 Child rearing practices
- 405.5 Major buying decisions
- 405.6 Food management skills
- 405.7 Play activity and equipment
- 405.8
- 405.9 Other

406 Currently unused, open for future use and expansion

- 406.0
- 406.1
- 406.2
- 406.3
- 406.4
- 406.5
- 406.6
- 406.7
- 406.8
- 406.9

407 Currently unused, open for future use and expansion

- 407.0
- 407.1
- 407.2
- 407.3
- 407.4
- 407.5
- 407.6
- 407.7

- 407.8
- 497.9

408 Currently unused, open for future use and expansion

- 408.0
- 408.1
- 408.2
- 408.3
- 408.4
- 408.5
- 408.6
- 408.7
- 408.8
- 408.9

409 Currently unused, open for future use and expansion

- 409.0
- 409.1
- 409.2
- 409.3
- 409.4
- 409.5
- 409.6
- 409.7
- 409.8
- 409.9

41- NUTRITION MANAGEMENT PROBLEMS RELATED TO PHYSICAL PROBLEM OR LONG-TERM ILLNESS OF CHILDREN

410 Neurologic, ~~neuro~~sensory, muscular, orthopedic, mental retardation (e.g., cerebral ~~mal~~aise, congenital anomalies, polio, muscular dystrophy, seizure disorders, blindness)

- 410.0 Inadequate or inappropriate nutrients, consistency or fluids in diet
- 410.1 Inappropriate time, quantity and/or frequency of food intake
- 410.2 Procurement of special food or dietary product
- 410.3 Inadequate instruction on preparation of recommended foods or diet
- 410.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family

- 410.5 Social, emotional or learning problems
 - 410.6 Inappropriate or inadequate techniques for self feeding skills
 - 410.7 Need for adaptive equipment (chairs, utensils, tables, etc.)
 - 410.8
 - 410.9 Other
- 411 Chronic G.I. tract (e.g., cleft lip and/or palate, liver dysfunctioning, ulcers, tumors, colostomy)
-
- 411.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
 - 411.1 Inappropriate time, quantity and/or frequency of food intake
 - 411.2 Procurement of special food or dietary product
 - 411.3 Inadequate instruction on preparation of recommended foods or diet
 - 411.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
 - 411.5 Social, emotional or learning problems
 - 411.6 Inappropriate or inadequate techniques or self feeding skills
 - 411.7 Need for adaptive equipment (chairs, utensils, tables, etc.)
 - 411.8
 - 411.9 Other
- 412 Chronic cardiovascular, blood and renal (e.g., kidney failure, rheumatic heart disease, blood dyscrasias)
- 412.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
 - 412.1 Inappropriate time, quantity and/or frequency of food intake
 - 412.2 Procurement of special food or dietary product
 - 412.3 Inadequate instruction on preparation of recommended foods or diet
 - 412.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
 - 412.5 Social, emotional or learning problems
 - 412.6
 - 412.7
 - 412.8
 - 412.9 Other
- 413 Metabolic (diabetes, electrolyte imbalance, endocrine disturbances, lead poisoning)
-
- 413.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
 - 413.1 Inappropriate time, quantity and/or frequency of food intake
 - 413.2 Procurement of special food or dietary product
 - 413.3 Inadequate instruction on preparation of recommended foods or diet
 - 413.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family

- 413.5 Social, emotional or learning problems
- 413.6
- 413.7
- 413.8
- 413.9 Other

414 Dental Caries

- 414.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
- ~~414.1 Inappropriate time, quantity and/or frequency of food intake~~
- ~~414.2 Procurement of special food or dietary product~~
- ~~414.3 Inadequate instruction on preparation of recommended foods or diet~~
- ~~414.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family~~
- 414.5 Social, emotional or learning problems
- 414.6
- 414.7
- 414.8
- 414.9 Other

415 Allergies (skin reactions, G.I. disturbances, respiratory involvement - hives, diarrhea, vomiting, asthma, hay fever)

- 415.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet
- 415.1 Inappropriate time, quantity and/or frequency of food intake
- 415.2 Procurement of special food or dietary product
- 415.3 Inadequate instruction on preparation of recommended foods or diet
- 415.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
- 415.5 Social, emotional or learning problems
- 415.6 Inappropriate or inadequate techniques or self feeding skills
- 415.7
- 415.8
- 415.9 Other

416 Obesity

- 416.0 Inadequate or inappropriate nutrients, consistency or fluids in diet
- ~~416.1 Inappropriate time, quantity and/or frequency of food intake~~
- 416.2 Need for calorie restricted diet
- 416.3 Inadequate instruction on preparation of recommended foods or diet
- 416.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family

- 416.5 Social, emotional or learning problems
 - 416.6 Lack of appropriate amount and/or type of exercise
 - 416.7 Peer pressure from family and/or friends to lose weight
 - 416.8
 - 416.9 Other
- 417 Anemia
- 417.0 Inadequate or inappropriate nutrients, consistency, or fluids in diet

 - 417.1 Inappropriate time, quantity and/or frequency of food intake
 - 417.2 Procurement of special food or dietary product
 - 417.3 Inadequate instruction on preparation of recommended foods or diet
 - 417.4 Lack of motivation or acceptance of diet or feeding process by patient and/or family
 - 417.5 Social, emotional or learning problems
 - 417.6
 - 417.7
 - 417.8
 - 417.9 Other
- 418 Currently unused, open for future use and expansion
- 418.0
 - 418.1
 - 418.2
 - 418.3
 - 418.4
 - 418.5
 - 418.6
 - 418.7
 - 418.8
 - 418.9
- 419 Other (specify)
- 419.0 Inadequate or inappropriate nutrients, consistency or fluids in diet

 - 419.1 Inappropriate time, quantity and/or frequency of food intake
 - 419.2 Procurement of special food or dietary product
 - 419.3 Inadequate instruction on preparation of recommended foods or diet

 - 419.4 Lack of motivation or acceptance of diet or feeding process by parent and/or family
 - 419.5 Social, emotional or learning problems
 - 419.6 Inappropriate or inadequate techniques or self feeding skills
 - 419.7
 - 419.8
 - 419.9 Other

42- BEHAVIORAL/EMOTIONAL/LEARNING PROBLEMS OF THE CHILD AFFECTING NUTRITIONAL STATUS

420 Behavioral/emotional problems affecting food intake and/or food practices

- 420.0 Refusal to eat
- 420.1 Regurgitation or rumination
- 420.2 Overeating
- 420.3 Bizarre or unusual food habits
- 420.4 Disruptive mealtime behavior
- 420.5
- 420.6
- 420.7
- 420.8
- 420.9 Other

421 Alcohol and drug abuse

- 421.0 Inadequate nutrient intake
- 421.1 No money for food
- 421.2 Forgets to eat
- 421.3 Refusal to eat
- 421.4 Addiction at birth
- 421.5
- 421.6
- 421.7
- 421.8
- 421.9 Other

422 Learning problems affecting food intake and/or food practices

- 422.0 Delayed self-feeding
- 422.1 Transition to solid foods delayed beyond one year
- 422.2 Improper food selection for nutrient need
- 422.3 Reading problems
- 422.4
- 422.5
- 422.6
- 422.7
- 422.8
- 422.9 Other

423 Currently unused, open for future use and expansion

- 423.0
- 423.1
- 423.2
- 423.3
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- 423.8
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424 Currently unused, open for future use and expansion

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425 Currently unused, open for future use and expansion

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426 Currently unused, open for future use and expansion

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427 Currently unused, open for future use and expansion

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428 Currently unused, open for future use and expansion

- 428.0
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429 Currently unused, open for future use and expansion

- 429.0
- 429.1
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- 429.9

43- ENVIRONMENTAL PROBLEMS AFFECTING NUTRITIONAL STATUS

430 Physical problems of the home affecting nutritional status

- 430.0 Space and/or unsafe housing (includes sources of lead)
- 430.1 Refrigeration
- 430.2 Cooking facilities
- 430.3 Equipment for preparing and/or consuming food
- 430.4 Food storage space
- 430.5 Inadequate and/or unsafe water supply in home
- 430.6 Unsanitary conditions in home
- 430.7 Dwelling remote from grocery resources
- 430.8
- 430.9 Other

431 Cultural problems affecting nutritional status

- 431.0 Inappropriate substitutions for traditional foods
- 431.1 Food faddism
- 431.2 Pica/geophagy
- 431.3 Myths concerning food
- 431.4 Language barrier
- 431.5 Dieting at variance with cultural patterns of patient/family
- 431.6
- 431.7
- 431.8
- 431.9 Other

432 Community problems affecting nutritional status - lack of resources

- 432.0 Food markets
- 432.1 Transportation to markets
- 432.2 Food assistance to programs
- 432.3 Community water supply
- 432.4 School feeding programs
- 432.5 Nutrition and consumer education programs
- 432.6
- 432.7
- 432.8
- 432.9 Other

433 Community problems affecting nutritional status - utilization of resources

- 433.0 Food assistance programs
- 433.1 School feeding programs
- 433.2 Nutrition and consumer education programs
- 433.3
- 433.4
- 433.5
- 433.6
- 433.7
- 433.8
- 433.9 Other

434 Social conditions affecting nutritional status

- 434.0 Peer pressure
- 434.1 Extended families
- 434.2 Mass media
- 434.3 Food faddism
- 434.4 Misinformed health professionals
- 434.5
- 434.6
- 434.7
- 434.8
- 434.9 Other

435 Currently unused, open for future use and expansion

- 435.0
- 435.1
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436 Currently unused, open for future use and expansion

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438 Currently unused, open for future use and expansion

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44- NUTRITION PROBLEMS RELATED TO OVERT PROBLEMS DUE TO TEMPORARY DEVIATIONS FROM NORMAL GROWTH AND DEVELOPMENT

440 Inadequate or poor physiological development

- 440.0 Low birth weight
- 440.1 Sucking/chewing
- 440.2 Swallowing
- 440.3 Digestion
- 440.4 Excretion
- 440.5 Breathing
- 440.6 Neuro/motor coordination
- 440.7 Failure to thrive
- 440.8
- 440.9 Other

441 Inappropriate or inadequate food intake

- 441.0 Transient overweight
- 441.1 Low stature and low weight
- 441.2 Normal stature and low weight
- 441.3 Vitamin toxicity or deficiency
- 441.4 Baby bottle syndrome, delayed weaning, delayed addition of solids
- 441.5
- 441.6
- 441.7
- 441.8
- 441.9 Other

442 Currently unused, open for future use and expansion

- 442.0
- 442.1
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443 Currently unused, open for future use and expansion

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447 Currently unused, open for future use and expansion

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449 Currently unused, open for future use and expansion

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- 449.9

45- NUTRITION MANAGEMENT PROBLEMS RELATED TO STRESS AND TRANSIENT SITUATIONS (SHORT-TERM)

450 Nutritional problems during acute illness and surgery

- 450.0 Acceptance and/or modification of diet by patient and/or family
- 450.1 Procurement of appropriate food
- 450.2 Instruction or preparation of diet
- 450.3 Fluid intake
- 450.4
- 450.5
- 450.6
- 450.7
- 450.8
- 450.9

451 Nutritional management problems in adolescent pregnancy and/or lactation

- 451.0 Diet modification/nutritional supplements
- 451.1 Inadequate information and/or interpretation
- 451.2 Procurement of food
- 451.3 Inadequate intake due to nausea and/or vom
- 451.4 Food refusal due to pregnancy denial
- 451.5 Overeating and large weight gain
- 451.6 Pica
- 451.7
- 451.8
- 451.9 Other

452 Disruption of home and/or food management

- 452.0 Relocation
- 452.1 Loss of homemaker or family member by death or separation
- 452.2 Loss of utilities
- 452.3 Loss of income
- 452.4 Family crisis
- 452.5
- 452.6
- 452.7
- 452.8
- 452.9 Other

453 Currently unused, open for future use and expansion

- 453.0
- 453.1
- 453.2
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- 453.8
- 453.9

454 Currently unused, open for future use and expansion

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455 Currently unused, open for future use and expansion

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459 Currently unused, open for future use and expansion

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459.9

46- CHILD REARING AND HOME MANAGEMENT PROBLEMS AFFECTING NUTRITIONAL STATUS

460 Inadequate provisions for care of children (within home)

- 460.0 Supervision of child
- 460.1 Safety measures
- 460.2 Hygiene of child
- 460.3 Use of available resources
- 460.4 Child left with babysitter
- 460.5
- 460.6
- 460.7
- 460.8
- 460.9 Other

461 Income and money management that affects the child

- 461.0 Economic crisis
- 461.1 Inability to allocate income to meet needs
- 461.2 Lack of consumer information necessary to make appropriate buying decisions
- 461.3 Misuse of credit
- 461.4 Inappropriate purchase of food, equipment and/or furnishings
- 461.5 Inadequate utilization of income extenders (food assistance programs, school lunch, welfare aid and/or low cost foods, community services and resources)
- 461.6
- 461.7
- 461.8
- 461.9 Other

462 Family life management that affects the child

- 462.0 Disability (mental or physical) or death of parent or caretaker
- 462.1 Poor use of available living space
- 462.2 Lack of housekeeping skills
- 462.3 Inability of parent or caretaker to manage time and energy resources (own and family)
- 462.4 Inadequate clothing and household goods
- 462.5 Inadequate food management
- 462.6 Disrupted family relations
- 462.7 Alcohol or drug abuse in parent or caretaker
- 462.8
- 462.9 Other

462 Food management that affects the child

- 463.0 Food selection and buying, inadequate knowledge and skill
- 463.1 Food storage and sanitation, inadequate knowledge and skill
- 463.2 Meal planning, inadequate knowledge and skill
- 463.3 Food preparation, inadequate knowledge and skill
- 463.4
- 463.5
- 463.6
- 463.7
- 463.8
- 463.9 Other

464 Clothing and household goods management

- 464.0 Inadequate clothing and household goods
- 464.1 Inadequate consumer education in planning and buying
- 464.2 Inability to care for, repair and/or store
- 464.3 Need for equipment to make and/or care for clothing and household goods
- 464.4 Special clothing problems of family member, i.e., infant, handicapped child or child with allergies, pregnant adolescent
- 464.5 Inadequate amount of infant clothing
- 464.6
- 464.7
- 464.8
- 464.9 Other

465



469

Currently used, open for future use and expansion

47-

48-

Currently unused, open for future use and expansion

49-



NUTRITION AND HOME ECONOMICS ALPHABETICAL LISTING

- A -

Acne, feeding management problem	441.9
Addiction, drug, at birth	421.4
Addison's disease, feeding management	see 414
Adolescence	
pregnancy	see 451
well	see 404
Alcohol abuse	
child	see 421
parent	462.7
Allergy	see 415
Amino acids, metabolic feeding management	see 414
Anorexia	
refusal to eat	420.0
regurgitation	420.1
overeating	420.2
Anemia	see 417
iron deficiency, information, according to age	401.6, 402.7, 403.2, 404.3
secondary	see 450
sickle cell	see 412
Appetite lag, or lack of	401.0, 402.0, 404.5
forgets to eat, alcohol/drug abuse	421.2
moodiness at mealtimes	404.5
Asthma	
acute	see 450
allergic	see 414
chronic	see 419
- 3 -	
Behavioral problem	see 420
Birth weight, low	440.0
Bizarre or unusual food habits	420.3
Blindness, chronic, feeding management	see 410
Bottle syndrome, baby	
feeding management	441.4
information	402.6
Budgeting	
misuse of credit	461.3
lack of consumer information for buying decision	461.5
Burns, feeding management	see 410 or 413

Carbohydrate, inborn metabolic error, feeding management	see 413
Cardiovascular disorders	
congenital heart, feeding management	see 412
rheumatic fever, feeding management	see 412
Celiac disease	see 411
Cerebral palsy, feeding management	see 410
Chewing	
chronic feeding management problem	see 410 or 411
lack of development for	440.1
Child care	
hygiene, poor	460.2
safety measures, inadequate	460.1
supervision, need for adequate	460.0
use of resources, need to	460.3
Child, preschool, growth and development	see 402
Child, schoolage, growth and development	see 403
Child rearing	
for specific problem	see 460-463
Cleft lip/palate, nutrition management	see 417
Clothing	
child, need for information	405.0
lack of adequate	462.4 or 464.0
need for equipment to make/care for	464.3
need for layette or infant clothing	464.5
need to learn care/repair/storage of	464.2
special clothing problem	464.4
Colostomy	see 417
Community environment	
inadequate water supply	432.3
lack of food assistance problems	432.2
lack of food markets	432.0
lack of resources for nutrition & consumer education	432.5
transportation to food markets	432.1
Congenital heart, feeding management	see 412
Constipation, chronic, feeding management	see 411
Consumer education, need for, clothing needs	464.1
Consumer information, lack of, for decisions	467.2
Cooking, inadequate facilities	430.2 or 462.4
Coordination	
lack of muscular, chronic feeding problem	see 410
physiological development, inadequate	440.6
Counseling (used for information about nutrition & feeding)	see 401-405
Credit, misuse	461.3
Cultural environment, see specific problem	see 431
Cystic fibrosis	see 411 or 413

Death of parent or caretaker	452.1 or 462.0
Deficiency	
ascorbic acid	see 413 or 441.3
folic acid	see 413 or 441.3
iron	see 417
other vitamins	see 413 or 441.3
vitamin C	see 413 or 441.3
vitamin D	see 413
Delayed self-feeding, learning problem	422.0
Delayed weaning	
intake problem	441.4
need for information	402.5
Dental care, need for information	401.1, 402.1, 403.3, 404.5
Dental conditions	
caries, control diet	see 414
feeding management problems (edentulous)	see 411
other condition affecting chewing	see 411
psychological development, inadequate	440.1
Diabetes mellitus, chronic, feeding management	see 411
Diarrhea, chronic, feeding management	see 413
Diet, modified, see specific problem	
at variance with cultural patterns	431.5
information, appropriate diet for age	401.0, 402.7, 403.2, 404.3
information on preparation for infant formula/food	401.2
motivation, lack of	see 410-419
supplements, adolescent pregnancy	451.0
supplements, information for age	401.6, 402.7, 403.2, 404.3
Discipline of child	460.0
Drug abuse	
child, feeding management	see 421
newborn addiction, feeding management	see 421
parent	462.7
Dysentery, feeding management	see 411 or 450

Education	
consumer, for buying clothes, money management, household goods	464.1
consumer and money management	461.2
dissemination of misinformation	434.5
nutrition, lack of resources	432.5
nutrition, lack of utilization of resources	433.2
Electrolyte imbalance	see 413

Emotional and/or behavioral problems	
in child	see 420
in parent	
inability to manage time and energy resources	462.3
inappropriate feeding practices due to emotional disability	462.0
inadequate provision for care of child	see 460
Endocrine disorders as goiter, diabetes	see 413
Environment	
cooking facilities, inadequate	430.2
community	see 432
cultural	see 431
family	see 460 or 464
home	see 430
housing space inadequate and/or unsafe	430.0
refrigeration, lack of	430.1
unsanitary home conditions (source of lead, etc.)	430.5
water supply, unsafe or inadequate	430.4
Epilepsy, nutrition management	see 410
Equipment	
inappropriate purchase of	461.4
need for adaptive equipment (see specific problem)	see 410-419
needed to make clothing or for care of household goods ..	464.3
Exercise, inappropriate type or amount	416.7
Extended family situation	434.1

- F -

Faddism, food	
cultural	431.1
need for information (teenagers)	404.3
social	434.3
Failure to thrive	440.7
Family relationships	
crisis	452.4
disrupted	462.6
extended family situation	434.1
loss of family member or homemaker	452.1
need for information	405.2
Fat, metabolism	
nutrition	see 413
Feeding management	
adolescent pregnancy	see 451
breast feeding, need for information	401.3
drug abuse or alcoholism	see 421
during fever	see 450
during gastrointestinal illness, acute	
chronic	see 411
during respiratory illness, acute	
chronic	see 410, 415, 419 or 440.5

for surgery	see 450
lactation in adolescent	see 451
low birth weight infant, 0-6 months	440.0
Feeding practices for age, need for information	see 401-404
Feeding skills	
delayed self-feeding	420.4
lack of appropriate-for-age development	see 440
Fever	
acute, feeding management	see 450
Fluid intake	
in acute illness	see 450
in chronic illness (see specific problem)	see 410-419
Folic acid deficiency	see 411
Folklore - superstitions	see 431 or 434
need for information	401.5, 402.5
Food	
allergies	see 415
assistance programs, lack of resources	432.2
lack of utilization	433.0
buying, inadequate knowledge and skill	463.0
information and/or assistance	405.6
faddism, cultural	431.1
social	434.3
habits, bizarre or unusual	420.3
improper selection of nutrients	422.2
inappropriate substitutions (cultural)	431.0
intake, inappropriate and/or inadequate	see 441
related to illness	see 410-419
management, inadequate knowledge and skill	462.5 or 463
information and/or assistance	405.6
markets, lack of	432.0
meal planning, inadequate knowledge and skill	463.2
information and/or assistance	405.6
myths	431.3
nutrients, information (for age)	401.6, 402.6, 403.2, 404.3
preparation for age, need for information	see 401-404
preparation, inadequate knowledge and skill	463.3
information and/or assistance	405.6
procurement of	
during acute illness and surgery	450.1
in adolescent pregnancy	451.2
in drug or alcohol abuse	see 421
with growth and development problem	see 440 or 441
storage and sanitation, inadequate knowledge	463.1
information and/or assistance	405.6
storage space, lack of	430.4
Forgets to eat, alcohol/drug abuse	421.2
Formula	
infant preparation, needs information (no overt problem)	401.2
low birth weight infant (overt problem present)	440.1
Fractures, feeding management	see 410

Gastro-intestinal (acute), feeding management	see 450
Gastro-intestinal (chronic)	
constipation management	
acute	see 450
chronic	see 411
diarrhea management	see 411
feeding management	see 411
malabsorption management	see 411 or 413
ulcer management	
acute	see 450
chronic	see 411
Geophagy (geophagia)	431.2
Glomerulonephritis, acute, nutrition management	see 450
chronic, nutrition management	see 412
Growth and development	
need for nutrition information	see 401-404
overt, temporary deviations	see 440 & 441

Handicapped, physically, feeding management	see 410
Hives, allergic reaction	see 415
House	
inadequate space	430.0
poor use of space	462.1
remote from resources	430.7
unsafe (includes sources of lead)	430.0
unsanitary conditions	430.6
Housekeeping	
lack of skills	462.2
need for information	405.1
Household management	
lack of housekeeping skills	462.2
lack of organization, time/energy	462.3
need for information	see 405
poor utilization of space	462.1
Hygiene, poor, child	460.2
Hyperthyroidism, endocrine disorder	see 413
Hypoglycemia, endocrine disorder	see 413
Hypothyroidism, endocrine disorder	see 413

Illness	
acute	see 450
chronic, long-term	see 410-419
Immobilization, chronic, feeding management	see 410
Inadequate knowledge and skill, feeding management	see 463
Inborn errors of metabolism, feeding management	see 413
Income	
allocation, unable to meet needs	461.1
economic crisis	461.0
extenders, lack of utilization	461.5
loss of or lack of	452.3, 461

Infant	
failure to thrive	440.7
formula (preparation), need for information (no overt problem)	401.2 ²
nutrition management information	see 401
low birth weight	see 440
Infantile scurvy	441.3
Information	
lack of consumer, clothing and household management ...	464.1
lack of consumer, for money management	461.2
Information, need for (no overt problem)	
appropriate diet for age	see 401-404
breast feeding	401.3
food preparation (other than formula)	401.2
infant formula preparation	401.2
normal feeding patterns or practices	see 401-404
nutrients (for age)	401.1
(If overt problem exists, see listing under problem)	
Iron deficiency anemia	
need for information (for age)	401.6, 402.6, 403.2, 404.3
nutritional management	see 413

- K -

Kidney disease	see 412
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- L -

Lacerations, severe, feeding management	see 450
Lactation	
adolescent pregnancy	see 451
breast feeding	401.3
Language barrier, speaks only foreign language	431.4
Lead poisoning	
nutrition management	see 413
unsafe housing	430.0
Learning problems of child	see 422
Living space, poor utilization	462.1

- M -

Malabsorption, chronic nutrition management problems	see 411 or 413
Malnutrition	see 419
failure to thrive	440.7
Management	
clothing and household goods	see 464
family life	see 462
food	see 463
lack of, in home management	462.3

Mental retardation	
of parent or other caretaker.....	462.0
lack of development of feeding skills	422.0
learning problem	see 422
nutrition management	see 410
Metabolic disorders, nutrition management	see 413
Milk allergy, feeding management	see 415
Money management	
alcohol and drug abuse	421.1
economic crisis	461.0
inappropriate purchase of furnishings/equipment	461.4
income allocation, poor	461.1
income extenders, lack of utilization	461.5
lack of consumer information	461.2
misuse of credit	461.3
needs information	405.3
Motivation, lack of for diet	see 410-419
Muscular coordination, chronic lack of, feeding management..	see 410
inadequate physiological development	440.6
Muscular dystrophy, feeding management	see 410
Myths about food	
cultural	431.3
need for information	401.5 or 402.4

- N -

Nephrosis, feeding management	see 412
Normal infant feeding patterns, information needed	401.0
Nutrient needs (foods and nutritional supplement)	
adolescent pregnancy or lactation	451.0
improper food selection for nutrients needed	420.6 or 463.0
information needed	401.6, 402.6, 403.2, 404.4
Nutrition education	
lack of community resources for	432.5

- O -

Obesity, nutrition management	see 416
need for information	401.4, 402.2, 403.0, 404.0
overweight for stature (transient)	441.0
Organization of resources, lack of	462.3
Over-eating	
adolescent pregnancy	451.5
causing anorexia (behavioral problem)	420.2
Overfeeding, infant, need for information	401.4
Overweight	see 416 or 401.4, 402.2, 403.0, 404.0

- P -

Parasites, resulting in malnutrition	see 419
Parent and/or caretaker	
disability, physical or mental	462.0
lack of management skills affecting child	see 460-464
Peer pressure	
affecting nutritional status	434.0
to loose weight - family or friends	416.7
Pica	
cultural	431.2
in adolescent pregnancy	452.6
in preschool child	402.3
P.K.U.	see 410, 411, 413
Pneumonia, viral, feeding management	see 450
Pregnancy, adolescent, nutrition management	see 451
Preschool child, need for information	see 402
Preventive measures in nutrition (according to age)	see 401, 402, 403, 404
Psychological problems	
of child	see 420
of parent or caretaker	462.0

- R -

Reading problems	422.3
Refrigeration, lack of or unsafe	430.1
Refusal to eat	
alcohol/drug abuse	420.0
behavioral/emotional	421.3
Regurgitation, anorexia - emotional	420.1
Relocation	452.0
Renal disorders	
acute glomerulonephritis	see 450
chronic renal failure	see 413
nephrosis, nutrition management	see 413
Respiratory disease, feeding management	
acute	see 450
allergic reaction	see 415
Rheumatic fever, nutrition management	see 412
Rickets, feeding management	see 410 or 441.3
Ruminations, anorexia - emotional	420.1

- S -

Safety, lack, for child care	460.1
School lunch, lack of utilization of income extender	461.5
Self feeding	
delayed	422.0
need for information	401.0
Separation of child from parent or caretaker	452.1
Skin disorder	
allergy	see 415
nutrition management	see 410, 412, 419

Snacking	see 416.1 or 402.0, 403.4, 404.2
Solids, transition delayed beyond one year	402.6 or 420.5
Sucking	
chronic, feeding management	see 411
physiological development, inadequate	440.1
Supplements	
information needed in adolescent pregnancy	451.0
nutritional	401.6, 402.7, 403.2, 404.4
Supervision, child, inadequate	460.0
Surgery, nutritional management	see 450
Swallowing	
management	see 410
nutrition management	see 411
physiological development inadequate	440.2

- T -

Teenage, need for information	see 404
Transportation, lack of, to food markets	432.1

- U -

Ulcer	
acute, feeding management	see 450
chronic, feeding management	see 411
Underweight	
feeding management, need for information (according to age)	401.7, 402.7, 403.1, 404.1
malnutrition	see 419 or 441
Unsafe	
housing	430.0
water supply	430.6
Unsanitary conditions in home	430.6
Unusual food habits, behavior problem	420.3

- V -

Vascular disease	
acute nutrition management	see 450
chronic nutrition management	see 412
Vitamin toxicity/deficiency	441.3

Water	
inadequate community H ₂ O supply	432.3
intake, in acute illness	see 450
in chronic illness	see 410-419
unsafe or inadequate supply	430.5
Weaning, delayed	402:5
Weight	
low birth weight	440.0
low stature and weight	441.1
overweight (transient)	441.0
underweight with normal stature	441.2
Well child	
need for specific area(s) of anticipatory guidance	400.1
only routine anticipatory guidance for age	400.0
Wheat allergy, nutrition management	see 415