

## Test Bank<sup>1</sup> for Chapter 11 – Toddler and Preschooler Nutrition: Conditions and Interventions

Key to question information: ANS = correct answer; DIF = question difficulty; REF = page reference; OBJ = chapter learning objective for question section

### Learning Objectives

- 11.1 Differentiate the similarities and differences in young children with and without special health care needs.
- 11.2 Identify the more common nutrition problems in young children with special health care needs that result from chronic health conditions.
- 11.3 Recognize approaches for completing a growth assessment in young children with special health care needs.
- 11.4 Describe how feeding difficulties in preschoolers and toddlers are included in nutrition assessments and interventions.
- 11.5 Identify conditions in young children with special needs in which nutrition services are a part of medical management.
- 11.6 Review food allergy and intolerance consequences for young children.
- 11.7 Compare use of dietary and herbal remedies in young children with and without special health care needs.
- 11.8. Explain how families access community and regional resources that provide nutrition services for toddlers and preschoolers with chronic health problems.

### Multiple Choice

1. It is estimated that up to \_\_\_\_ of children with disabilities have some type of nutritional problem.
  - a. 25%
  - b. 45%
  - c. 55%
  - d. 75%
  - e. 90%

ANS: e     DIF: Fact-based

REF: 303

OBJ: 11.1

2. Eligibility for early intervention services for a child with special health needs is based on all the following **EXCEPT**:
  - a. presence of developmental delays in cognitive, physical, language and speech, psychosocial, or self- helping skills.
  - b. presence of a physical or mental condition with a high probability of delay.
  - c. they are born preterm by at least 8 weeks.
  - d. they are at risk medically or environmentally for substantial developmental delay if services are not provided.
  - e. they have Down syndrome.

ANS: c     DIF: Fact-based

REF: 304-305

OBJ: 11.1

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<sup>1</sup> by Susan Gollnick of California Polytechnic State University and Tawni Holmes of University of Central Oklahoma; see the end of this document for a ready-to-use version of this test (without answers) for easy printing or cutting/pasting

3. Children that qualify for *early intervention services* include all of the following **EXCEPT** \_\_\_\_\_.
- a two-year-old toddler with Down syndrome
  - a baby born with spina bifida
  - a four-year-old preschooler with autism
  - a preterm baby who is now three years old with bronchopulmonary dysplasia

ANS: c     DIF: Application-based, medium     REF: 304     OBJ: 11.1

4. Which of the following conditions results in increased calorie needs?
- Bronchopulmonary dysplasia
  - Down syndrome
  - Prader-Willi syndrome
  - Spina bifida

ANS: a     DIF: Fact-based, easy     REF: 306     OBJ: 11.2

5. Overweight and obesity are common in Down syndrome children because they have lower caloric needs due to:
- low muscle mass.
  - lower mobility.
  - short stature.
  - All of the above
  - a and c only

ANS: d     DIF: Fact-based     REF: 305     OBJ: 11.2

6. A child who has Down syndrome would have a poorer health outcome associated with
- skipping one meal.
  - offering meals in the school foodservice cafeteria on days when he is not attending.
  - reviewing his individualized education plan three weeks late.
  - mismatching his energy needs with food intake, thus leading to excessive weight gain.

ANS: d     DIF: Application-based, medium     REF: 305     OBJ: 11.2

7. Cystic fibrosis is a condition in which \_\_\_\_\_.
- chromosome 7 is genetically changed, causing pulmonary complications
  - cysts develop on the spinal cord and limit voluntary movement
  - there is difficulty with voluntary or involuntary muscle control
  - three copies of chromosome 21 occur
  - the lungs are underdeveloped

ANS: a     DIF: Fact-based, easy     REF: 306     OBJ: 11.2

8. The typical diet prescribed for children who are underweight with a chronic condition may be modified by \_\_\_\_\_.
- increasing fat calories
  - changing texture
  - increasing portions
  - customizing to the individual child
  - All of the above

ANS: e     DIF: Application-based, medium     REF: 306     OBJ: 11.2

9. A disorder where head growth is reduced starting in the toddler years is called \_\_\_\_.
- Prader-Willi syndrome
  - Rett syndrome
  - cerebral palsy
  - autism
  - Down syndrome

ANS: b     DIF: Fact-based, easy

REF: 307

OBJ: 11.3

10. Rett syndrome is a rare disorder characterized by:
- damage that occurs to underdeveloped lungs resulting in breathing that requires extra effort.
  - a genetic change on the X chromosome resulting in severe neurological delays.
  - damage to the part of the brain controlling movement of the legs, interfering with muscle control and ambulation.
  - damage to chromosome 7 that interferes with all the exocrine functions in the body.
  - destruction of the infection-fighting abilities of the body by a virus.

ANS: b     DIF: Fact-based

REF: 307

OBJ: 11.3

11. Diplegia is a condition that is characterized by:
- damage that occurs to underdeveloped lungs resulting in breathing that requires extra effort.
  - a genetic change on the X chromosome resulting in severe neurological delays.
  - damage to the part of the brain controlling movement of the legs, interfering with muscle control and ambulation.
  - damage to chromosome 7, interfering with all the exocrine functions in the body.
  - destruction of the infection-fighting abilities of the body by a virus.

ANS: c     DIF: Fact-based

REF: 306

OBJ: 11.2

12. Signs that indicate feeding problems in toddlers include:
- low interest in eating.
  - long mealtimes (>30 minutes).
  - preferring liquids over solids.
  - refusing foods.
  - All of the above

ANS: e     DIF: Fact-based

REF: 307

OBJ: 11.4

13. Behavioral disorders that impact nutritional status include:
- ASDs.
  - Prader-Willi syndrome.
  - attention deficit hyperactivity disorder (ADHD).
  - All of the above
  - a and c only

ANS: e     DIF: Fact-based

REF: 309

OBJ: 11.4

14. Which of the following is a program in which nutrition care may be accessed for children with special needs?
- WIC
  - Head Start
  - Early intervention programs
  - a and b
  - All of the above

ANS: e     DIF: fact-based, medium     REF: 316     OBJ: 11.8

15. John, a first-born, had a low birthweight. He grew steadily in length and continued to gain weight, remaining at the 10th percentile on the CDC growth charts, until age 3. Between ages 3 and 4, his weight declined without any presenting illnesses. Why would it be difficult to diagnose FTT?
- Typical growth and development for a healthy child includes a decline in appetite and weight at this age.
  - There were no siblings to compare his growth rate to.
  - His growth pattern indicated that for the majority of his life he was developing appropriately.
  - His weight declined to the 7th percentile.
  - a and c

ANS: e     DIF: Application-based, medium     REF: 310     OBJ: 11.5

16. Characteristics of food choices by an autistic child might include all of the following **EXCEPT**:
- preferring to eat solid foods rather than drink liquids.
  - refusing to eat when offered something he/she does not like.
  - having temper tantrums in which he/she can be injured.
  - preferring one type of drink above others.
  - All of the above **ARE** characteristics of food choices.

ANS: a     DIF: Application-based     REF: 309     OBJ: 11.4

17. Which of the following conditions is associated with a lower calorie need?
- Prader-Willi
  - Down syndrome
  - Spina bifida
  - Pediatric AIDS
  - a, b, and c

ANS: e     DIF: Fact-based     REF: 306     OBJ: 11.2

18. Failure to thrive (FTT) may result from a complex interplay of medical and environmental factors that include all of the following **EXCEPT**:
- pediatric AIDS.
  - digestive problems such as gastrointestinal reflux.
  - post-term birth and high birth weight.
  - asthma.
  - neurological conditions such as seizures.

ANS: c     DIF: Fact-based     REF: 310     OBJ: 11.5

19. Generally, a diagnosis of FTT is suspected in children with chronic illnesses when their growth declines more than \_\_\_\_ percentiles and they are near or below the lowest percentiles.
- 2
  - 3
  - 4
  - 5

ANS: a     DIF: Fact-based, easy     REF: 310     OBJ: 11.5

20. Healthy toddlers are likely to develop diarrhea from \_\_\_\_.
- introduction of vegetables into their diet
  - addition of too much fat into their diet
  - consumption of eggs
  - drinking too much fruit juice
  - drinking 2% milk versus whole milk

ANS: d     DIF: Fact-based, easy     REF: 311     OBJ: 11.5

21. Symptoms such as diarrhea and digestive problems associated with celiac disease usually develop by \_\_\_\_ years of age.
- 2
  - 3
  - 4
  - 5

ANS: a     DIF: Fact-based, easy     REF: 311     OBJ: 11.5

22. Dietary management of celiac disease requires the elimination of:
- wheat, rye, and barley.
  - wheat, rice, and soy.
  - wheat, rice, corn, and soy.
  - rice, corn, eggs, and bulgur.
  - fruits, vegetables, and nuts.

ANS: a     DIF: Application-based     REF: 311     OBJ: 11.5

23. Which of the following foods should be excluded from the diets of children with celiac disease?
- Milk
  - Corn cereal
  - Pasta
  - Mashed potatoes

ANS: c     DIF: Application-based, medium     REF: 311     OBJ: 11.5

24. Specific nutrition assessment for children with cerebral palsy begins with \_\_\_\_.
- feeding ability
  - body composition indexes such as fat stores
  - swallowing evaluation
  - level of brain damage
  - All of the above

ANS: b     DIF: Fact-based, medium     REF: 312     OBJ: 11.5

25. Which of the following foods would be an inappropriate choice to feed a child with cerebral palsy who tires quickly at meal time?
- Corn on the cob
  - Steamed or cooked carrots
  - Applesauce
  - Mashed potatoes
  - Cream of Wheat cereal

ANS: a    DIF: Application-based    REF: 312    OBJ: 11.5

26. Toddlers with breathing problems need \_\_\_\_\_ calories than/as typical toddlers.
- fewer
  - the same amount of
  - more

ANS: c    DIF: Fact-based, easy    REF: 313    OBJ: 11.5

27. Breathing problems in children:
- increase nutritional needs.
  - lower interest in eating.
  - slow growth rate.
  - All of the above
  - a and c only

ANS: d    DIF: Fact-based    REF: 313    OBJ: 11.5

28. What are the dietary recommendations for toddlers with bronchopulmonary dysplasia?
- Small, frequent meals
  - Concentrated sources of calories, such as commercially prepared supplements
  - Enteral (tube) feedings through the night
  - All of the above
  - a and b only

ANS: e    DIF: Fact-based, medium    REF: 313    OBJ: 11.5

29. True food allergies are estimated to occur in \_\_\_\_\_ of children.
- <1%
  - 2-8%
  - 10-15%
  - 20%
  - 50%

ANS: b    DIF: Fact-based, easy    REF: 315    OBJ: 11.6

30. Typical food allergies do **NOT** include adverse reactions to \_\_\_\_\_.
- eggs
  - soy
  - corn
  - peanuts
  - wheat

ANS: c    DIF: Fact-based, easy    REF: 315    OBJ: 11.6

31. A child that is allergic to milk protein also may have a high risk of developing an allergy to:
- soy.
  - oranges.
  - kiwi fruit.
  - bananas.
  - a and b

ANS: e     DIF: Fact-based

REF: 315

OBJ: 11.6

32. Treatment for an anaphylactic reaction to a food is:
- mouth-to-mouth resuscitation.
  - injection with epinephrine.
  - application of an oxygen mask.
  - intravenous fluids.
  - a quick-acting source of glucose.

ANS: b     DIF: Fact-based

REF: 315

OBJ: 11.6

33. Which of the following treatments has been found to be effective in treating children with Down syndrome?
- Herbal remedies that help with constipation
  - High-protein, low-fat diets
  - High levels of the antioxidant vitamins A and C
  - Low-glycemic index carbohydrate diets
  - None of the above

ANS: e     DIF: Fact-based

REF: 315

OBJ: 11.7

34. Which food may not be appropriate to serve a child with sickle-cell disease also receiving a blood transfusion containing iron?
- Cereal with milk
  - Hamburger with tomatoes
  - Green beans and butter
  - Hostess snack cake
  - Potato chips

ANS: b     DIF: Application-based

REF: 305

OBJ: 11.2

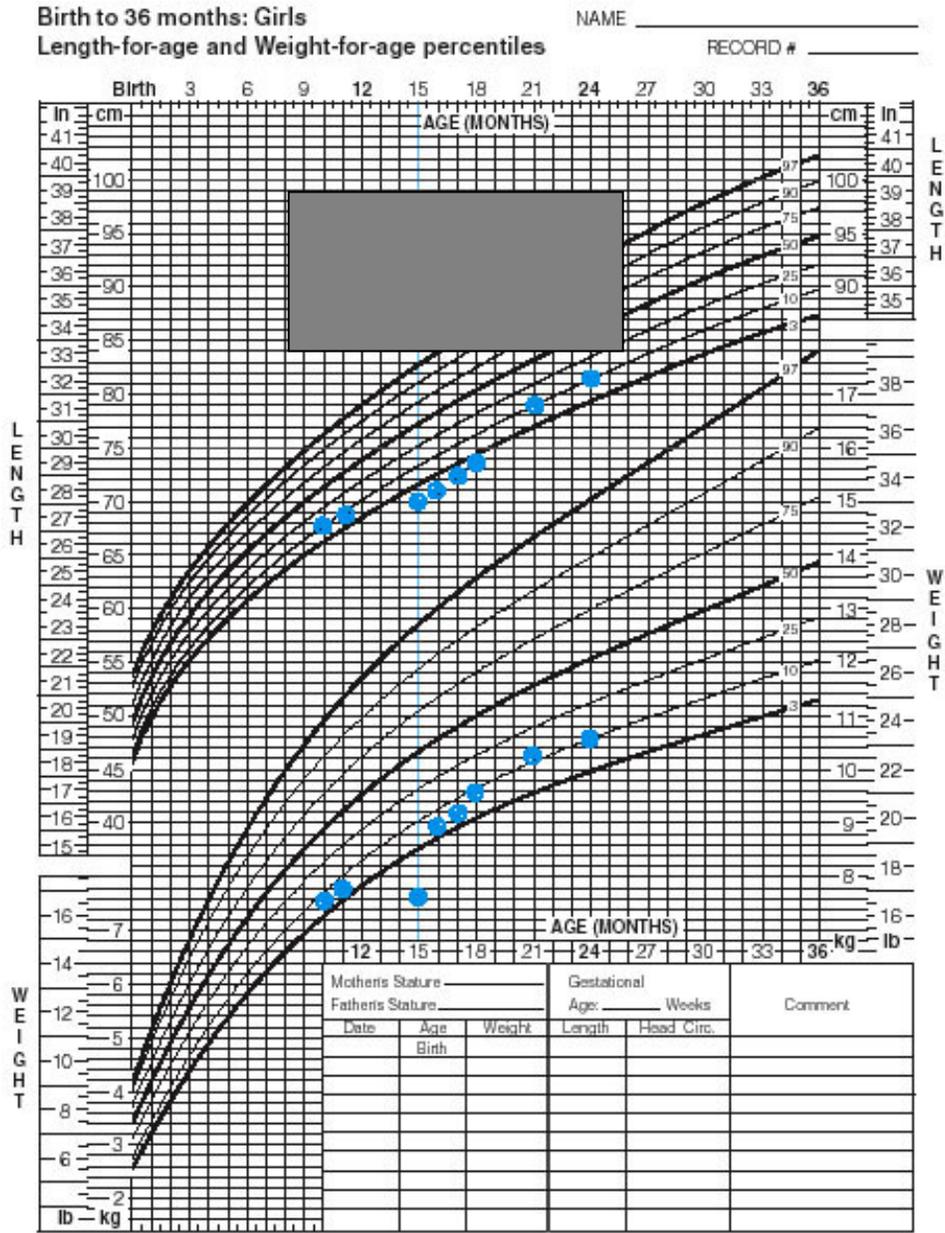
35. Which of the following foods would be least likely to invite bacterial contamination?
- Canned peaches
  - Powdered infant formula mixed with water
  - Mashed banana
  - Blended soup
  - Uncovered infant formula

ANS: a     DIF: Application-based

REF: 309

OBJ: 11.4

Use the growth chart below for question 36.



Revised April 20, 2001.  
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.dod.gov/growthcharts>

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36. After looking **ONLY** at the growth chart, what condition might be suspected by a pediatrician?
- Autism
  - Cerebral palsy
  - Failure-to-thrive (FTT)
  - Spastic quadriplegia
  - Cystic fibrosis

ANS: c     DIF: Application-based     REF: 310-315     OBJ: 11.5

37. At what age do early intervention programs occur?
- 0-12 months
  - 0-16 months
  - 6-18 months
  - 6-24 months
  - 0-36 months

ANS: e     DIF: Application-based     REF: 316     OBJ: 11.8

38. For a confirmation of celiac disease, a physician will
- look for the appearance of extra chromosomes.
  - look for a missing chromosome.
  - test lung function.
  - test the blood for the antibodies to gluten.
  - take a stool sample.

ANS: d     DIF: Application-based     REF: 311     OBJ: 11.5

**Use the following diet record to answer questions 39-40.**

**Breakfast:**

Instant oatmeal sweetened with brown sugar  
Mashed banana  
8 oz. fortified juice

**Lunch:**

Macaroni with butter  
8 oz. fortified juice

**Snack:**

Goldfish crackers  
12 oz. fortified juice

**Dinner:**

White bread without crusts and with butter  
12 oz. fortified juice

39. What would indicate that the 3-year-old girl following this diet has a potential feeding problem?
- Lack of variety
  - Bland food choices
  - Excessive fluid intake
  - All of the above
  - a and c only

ANS: d     DIF: Application-based     REF: 307-309     OBJ: 11.4

40. What foods could you suggest to increase variety and still make it easy for her to eat?
- Pureed pears or peaches
  - Macaroni made with milk and cheese
  - Peanut butter sandwich crackers
  - Fortified juice smoothie
  - All of the above

ANS: e    DIF: Application-based    REF: 307-309    OBJ: 11.4

41. Which of the following foods would you need to have a closer look at to ensure its safety for consumption by someone with celiac disease?
- Cherry pie filling
  - Chicken
  - Oat cereal
  - All of the above
  - a and c only

ANS: e    DIF: Application-based    REF: 311-312    OBJ: 11.5

42. A child with cerebral palsy in a wheelchair will likely require \_\_\_\_ energy than/as a child with cerebral palsy that is able to walk.
- more
  - less
  - the same amount of

ANS: b    DIF: Fact-based    REF: 306|312    OBJ: 11.2|11.5

43. If a child tires out easily while eating a piece of fruit and will not eat anything else, what can be done to increase her intake?
- Change to pureed fruit or a fruit sauce
  - Soft-cook vegetables
  - Add protein to soups or noodles
  - Try a nutritional supplement like Pediasure
  - All of the above

ANS: e    DIF: Application-based    REF: 312-313    OBJ: 11.5

## True/False

1. *Chronic condition* and *disability* mean the same thing in referring to toddlers and preschoolers.

ANS: T    DIF: Application-based    REF: 303    OBJ: 11.1

2. The consistent definition that must be met in order to qualify as having a disability in any state is whether a child has the ability to walk independently.

ANS: F    DIF: Fact-based, easy    REF: 304-305    OBJ: 11.1

3. A component of nutrition assessment in children with special health care needs is to assess the need for added vitamins and minerals.

ANS: T    DIF: Fact-based, easy    REF: 306    OBJ: 11.3

4. Genetic syndromes can affect growth rate.

ANS: T    DIF: Fact-based, easy    REF: 314-315    OBJ: 11.5

5. Over-the-counter products can never be used in children with special health care needs.

ANS: F    DIF: Fact-based, easy    REF: 315    OBJ: 11.7

6. The recommendation by the American Academy of Pediatrics to limit juice intake to 4 to 6 fluid ounces per day does **NOT** apply to children with special needs.

ANS: F    DIF: Fact-based    REF: 309    OBJ: 11.4

7. A gluten-free diet is recommended for autistic children.

ANS: F    DIF: Fact-based    REF: 312    OBJ: 11.5

8. Food allergies are always a direct result of asthma.

ANS: F    DIF: Fact-based    REF: 315    OBJ: 11.6

9. If a child is allergic to eggs, it is not necessary to avoid a food that has eggs in it as long as it has been cooked.

ANS: F    DIF: Fact-based    REF: 315    OBJ: 11.6

10. Some children have asthma as a result of food allergies.

ANS: T    DIF: Fact-based    REF: 313    OBJ: 11.5

## Matching

1. Diplegia	A. Related to lungs and their movement of air
2. Rett syndrome	B. Condition in which the lungs are unable to exchange air due to lack of expansion of air sacs
3. Bronchopulmonary dysplasia (BPD)	C. Form of enteral nutrition support for delivering nutrition by tube directly into the stomach
4. Cystic fibrosis	D. Damage that occurs to underdeveloped lungs resulting in breathing that requires extra effort
5. Pediatric AIDS	E. Viral or bacterial infection in the central nervous system
6. Asthma	F. Sudden onset of a reaction with mild to severe symptoms, including a decreased ability to breathe
7. Pulmonary	G. A genetic change on the X chromosome resulting in severe neurological delays
8. Gastrostomy	H. Damage to the part of the brain controlling movement of the legs, interfering with muscle control and ambulation
9. Anaphylaxis	I. Condition in which changes to chromosome 7 interfere with all the exocrine functions in the body
10. Meningitis	J. Destruction of the infection-fighting abilities of the body by a virus

### Key:

1. ANS: H    DIF: Fact-based    REF: 306    OBJ: 11.2  
 2. ANS: G    DIF: Fact-based    REF: 307    OBJ: 11.3

3. ANS: D	DIF: Fact-based	REF: 306	OBJ: 11.2
4. ANS: I	DIF: Fact-based	REF: 306	OBJ: 11.2
5. ANS: J	DIF: Fact-based	REF: 306	OBJ: 11.2
6. ANS: B	DIF: Fact-based	REF: 313	OBJ: 11.5
7. ANS: A	DIF: Fact-based	REF: 303	OBJ: 11.1
8. ANS: C	DIF: Fact-based	REF: 310	OBJ: 11.4
9. ANS: F	DIF: Fact-based	REF: 315	OBJ: 11.6
10. ANS: E	DIF: Fact-based	REF: 307	OBJ: 11.3

## Short Answer

1. A registered dietitian working for the Early Intervention Program met a family whose first baby was born with Down syndrome. They had been feeding their infant St. John's wort, an herbal remedy they felt would cure or improve mental functioning in their child. What would be important information for the dietitian to counsel and teach the family?

ANS: See pp. 309 and 315.

DIF: Application-based, medium

REF: 309|315

OBJ: 11.4|11.7

2. A toddler with a possible failure to thrive diagnosis was brought into the high-risk clinic. What degree of growth decline is an objective growth measure for defining FTT? Identify two medical or environmental factors that prevent adequate weight gain. Define *medical neglect* and predict how long it would take to demonstrate weight gain with adequate nutritional intake. Suggest three high-calorie, high-protein foods that could be recommended.

ANS: See pp. 310-311.

DIF: Application-based, easy

REF: 310-311

OBJ: 11.5

3. Develop a list of foods a parent would need to avoid if his or her child had celiac disease (or an educational pamphlet describing how to eliminate gluten from the diet). Make sure to include "hidden" sources of gluten that might be found on food labels.

*Optional web-based extension of question:* Also check the following websites for help:

<http://www.csaceliacs.info/>

<http://www.celiac.org/>

<http://www.glutenfree.com/>

ANS: See pp. 311-312.

DIF: Application-based

REF: 311-312

OBJ: 11.5

4. Treatment of pulmonary problems may include a major nutritional component. Give examples of breathing conditions that have an impact on food and nutrient intake, and explain the possible implications. What recommendations can you make for a child with BPD? Give specific food and meal patterns suggestions.

ANS: See p. 313.

DIF: Application-based, medium

REF: 313

OBJ: 11.5,

5. The chapter recommended that parents or caregivers might have to make 15-20 attempts at introducing a new food to children with an autism spectrum disorder before it is accepted. Write three statements that would help explain to parents and caregivers some of the rationale regarding feeding problems in this type of child.

ANS: See p. 309.

DIF: Application-based, medium

REF: 309

OBJ: 11.4

6. A 3-year-old child with a suspected developmental delay is refusing to eat any foods except yogurt, pudding, and mashed potatoes. What suggestions would you make to her parents in order to encourage a wider selection of foods? How many times might it take for this child to accept a new food that is offered?

ANS: See pp. 307-309 and 312.

DIF: Application-based

REF: 307-309|312

OBJ: 11.4|11.5

7. Is a gluten-free and casein-free diet warranted for all children with autism? Are there any other scientifically proven diets currently available to help with autism?

*Optional web-based extension of question:*

- a. Do a search of several different web sites to see if you can locate information related to this topic and find information that is currently being promoted for this condition.
- b. After reviewing this information, what would you recommend a parent with an autistic child do nutritionally?

Web sites of interest (accessed 1/21/13):

[www.quackwatch.com](http://www.quackwatch.com) (search: autism and diet)

ANS: See p. 312.

DIF: Application-based

REF: 312

OBJ: 11.5

8. In some of the case studies presented in the chapter, “junk foods” such as cheese puffs, sweetened cereals, candy, and sweetened juice drinks were mentioned. Write your rationale for allowing toddlers and preschoolers with special health care needs to eat these foods. Use the ChooseMyPlate.gov recommendations and the Dietary Guidelines for preschoolers to develop an appropriate recommendation for the portions of these foods to allow.

ANS: See pp. 303 and 305-309.

DIF: Application-based, hard

REF: 303|305-309

OBJ: 11.1|11.2|11.3|11.4

## Ready-to-Use Chapter 11 Test

### Multiple Choice

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  - b. 45%
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2. Eligibility for early intervention services for a child with special health needs is based on all the following **EXCEPT**:
  - a. presence of developmental delays in cognitive, physical, language and speech, psychosocial, or self- helping skills.
  - b. presence of a physical or mental condition with a high probability of delay.
  - c. they are born preterm by at least 8 weeks.
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  - b. a baby born with spina bifida
  - c. a four-year-old preschooler with autism
  - d. a preterm baby who is now three years old with bronchopulmonary dysplasia
4. Which of the following conditions results in increased calorie needs?
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  - b. Down syndrome
  - c. Prader-Willi syndrome
  - d. Spina bifida
5. Overweight and obesity are common in Down syndrome children because they have lower caloric needs due to:
  - a. low muscle mass.
  - b. lower mobility.
  - c. short stature.
  - d. All of the above
  - e. a and c only
6. A child who has Down syndrome would have a poorer health outcome associated with
  - a. skipping one meal.
  - b. offering meals in the school foodservice cafeteria on days when he is not attending.
  - c. reviewing his individualized education plan three weeks late.
  - d. mismatching his energy needs with food intake, thus leading to excessive weight gain.

7. Cystic fibrosis is a condition in which \_\_\_\_\_.
  - a. chromosome 7 is genetically changed, causing pulmonary complications
  - b. cysts develop on the spinal cord and limit voluntary movement
  - c. there is difficulty with voluntary or involuntary muscle control
  - d. three copies of chromosome 21 occur
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8. The typical diet prescribed for children who are underweight with a chronic condition may be modified by \_\_\_\_\_.
  - a. increasing fat calories
  - b. changing texture
  - c. increasing portions
  - d. customizing to the individual child
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9. A disorder where head growth is reduced starting in the toddler years is called \_\_\_\_\_.
  - a. Prader-Willi syndrome
  - b. Rett syndrome
  - c. cerebral palsy
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  - b. a genetic change on the X chromosome resulting in severe neurological delays.
  - c. damage to the part of the brain controlling movement of the legs, interfering with muscle control and ambulation.
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  - d. damage to chromosome 7, interfering with all the exocrine functions in the body.
  - e. destruction of the infection-fighting abilities of the body by a virus.
  
12. Signs that indicate feeding problems in toddlers include:
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  - b. long mealtimes (>30 minutes).
  - c. preferring liquids over solids.
  - d. refusing foods.
  - e. All of the above
  
13. Behavioral disorders that impact nutritional status include:
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  - b. Prader-Willi syndrome.
  - c. attention deficit hyperactivity disorder (ADHD).
  - d. All of the above
  - e. a and c only

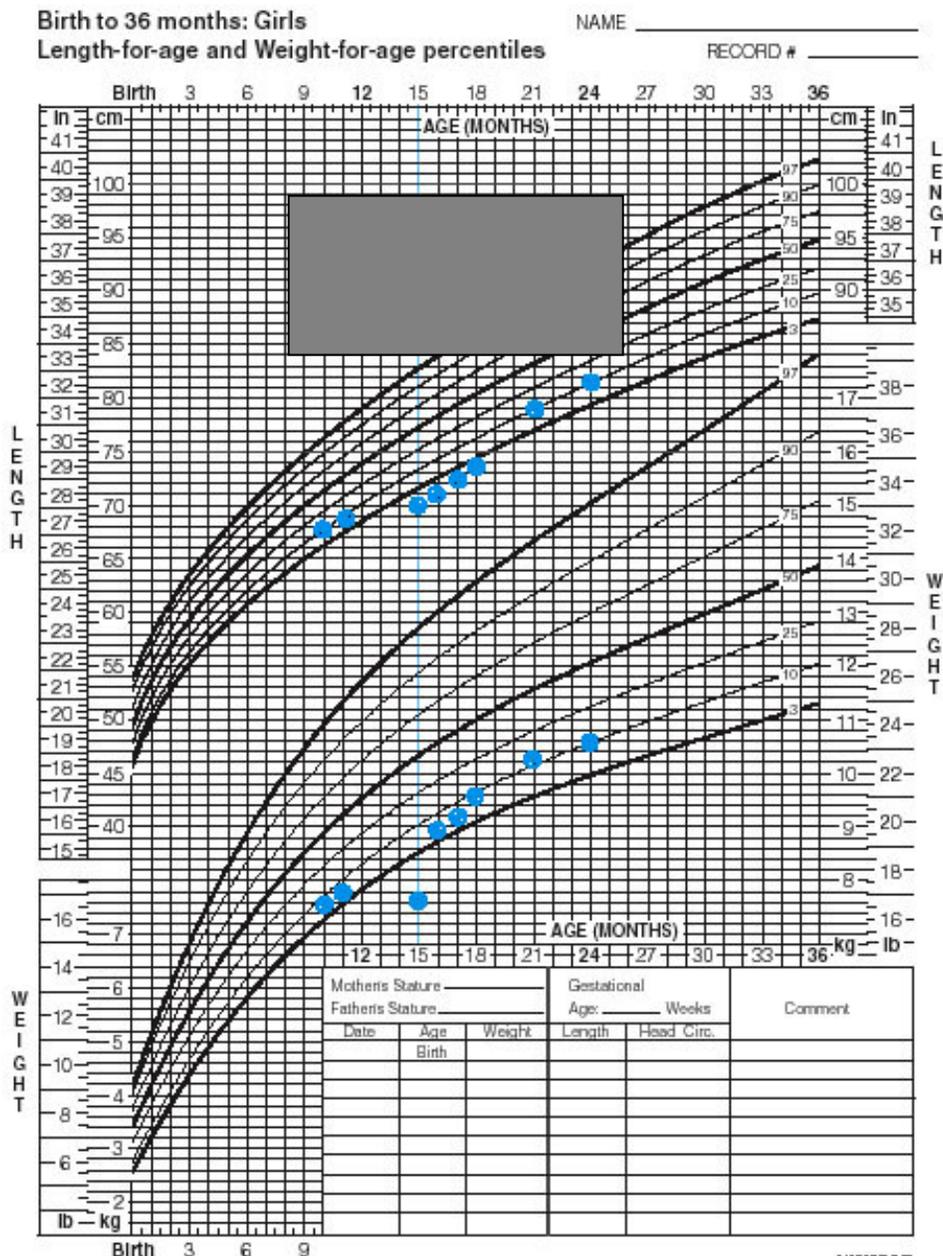
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- WIC
  - Head Start
  - Early intervention programs
  - a and b
  - All of the above
15. John, a first-born, had a low birthweight. He grew steadily in length and continued to gain weight, remaining at the 10th percentile on the CDC growth charts, until age 3. Between ages 3 and 4, his weight declined without any presenting illnesses. Why would it be difficult to diagnose FTT?
- Typical growth and development for a healthy child includes a decline in appetite and weight at this age.
  - There were no siblings to compare his growth rate to.
  - His growth pattern indicated that for the majority of his life he was developing appropriately.
  - His weight declined to the 7th percentile.
  - a and c
16. Characteristics of food choices by an autistic child might include all of the following **EXCEPT**:
- preferring to eat solid foods rather than drink liquids.
  - refusing to eat when offered something he/she does not like.
  - having temper tantrums in which he/she can be injured.
  - preferring one type of drink above others.
  - All of the above **ARE** characteristics of food choices.
17. Which of the following conditions is associated with a lower calorie need?
- Prader-Willi
  - Down syndrome
  - Spina bifida
  - Pediatric AIDS
  - a, b, and c
18. Failure to thrive (FTT) may result from a complex interplay of medical and environmental factors that include all of the following **EXCEPT**:
- pediatric AIDS.
  - digestive problems such as gastrointestinal reflux.
  - post-term birth and high birth weight.
  - asthma.
  - neurological conditions such as seizures.
19. Generally, a diagnosis of FTT is suspected in children with chronic illnesses when their growth declines more than \_\_\_\_ percentiles and they are near or below the lowest percentiles.
- 2
  - 3
  - 4
  - 5

20. Healthy toddlers are likely to develop diarrhea from \_\_\_\_.
- introduction of vegetables into their diet
  - addition of too much fat into their diet
  - consumption of eggs
  - drinking too much fruit juice
  - drinking 2% milk versus whole milk
21. Symptoms such as diarrhea and digestive problems associated with celiac disease usually develop by \_\_\_\_ years of age.
- 2
  - 3
  - 4
  - 5
22. Dietary management of celiac disease requires the elimination of:
- wheat, rye, and barley.
  - wheat, rice, and soy.
  - wheat, rice, corn, and soy.
  - rice, corn, eggs, and bulgur.
  - fruits, vegetables, and nuts.
23. Which of the following foods should be excluded from the diets of children with celiac disease?
- Milk
  - Corn cereal
  - Pasta
  - Mashed potatoes
24. Specific nutrition assessment for children with cerebral palsy begins with \_\_\_\_.
- feeding ability
  - body composition indexes such as fat stores
  - swallowing evaluation
  - level of brain damage
  - All of the above
25. Which of the following foods would be an inappropriate choice to feed a child with cerebral palsy who tires quickly at meal time?
- Corn on the cob
  - Steamed or cooked carrots
  - Applesauce
  - Mashed potatoes
  - Cream of Wheat cereal
26. Toddlers with breathing problems need \_\_\_\_ calories than/as typical toddlers.
- fewer
  - the same amount of
  - more
27. Breathing problems in children:
- increase nutritional needs.
  - lower interest in eating.
  - slow growth rate.
  - All of the above
  - a and c only

28. What are the dietary recommendations for toddlers with bronchopulmonary dysplasia?
- Small, frequent meals
  - Concentrated sources of calories, such as commercially prepared supplements
  - Enteral (tube) feedings through the night
  - All of the above
  - a and b only
29. True food allergies are estimated to occur in \_\_\_\_ of children.
- <1%
  - 2-8%
  - 10-15%
  - 20%
  - 50%
30. Typical food allergies do **NOT** include adverse reactions to \_\_\_\_.
- eggs
  - soy
  - corn
  - peanuts
  - wheat
31. A child that is allergic to milk protein also may have a high risk of developing an allergy to:
- soy.
  - oranges.
  - kiwi fruit.
  - bananas.
  - a and b
32. Treatment for an anaphylactic reaction to a food is:
- mouth-to-mouth resuscitation.
  - injection with epinephrine.
  - application of an oxygen mask.
  - intravenous fluids.
  - a quick-acting source of glucose.
33. Which of the following treatments has been found to be effective in treating children with Down syndrome?
- Herbal remedies that help with constipation
  - High-protein, low-fat diets
  - High levels of the antioxidant vitamins A and C
  - Low-glycemic index carbohydrate diets
  - None of the above
34. Which food may not be appropriate to serve a child with sickle-cell disease also receiving a blood transfusion containing iron?
- Cereal with milk
  - Hamburger with tomatoes
  - Green beans and butter
  - Hostess snack cake
  - Potato chips

35. Which of the following foods would be least likely to invite bacterial contamination?
- Canned peaches
  - Powdered infant formula mixed with water
  - Mashed banana
  - Blended soup
  - Uncovered infant formula

Use the growth chart below for question 36.



Revised April 20, 2001.  
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>

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36. After looking **ONLY** at the growth chart, what condition might be suspected by a pediatrician?
- Autism
  - Cerebral palsy
  - Failure-to-thrive (FTT)
  - Spastic quadriplegia
  - Cystic fibrosis
37. At what age do early intervention programs occur?
- 0-12 months
  - 0-16 months
  - 6-18 months
  - 6-24 months
  - 0-36 months
38. For a confirmation of celiac disease, a physician will
- look for the appearance of extra chromosomes.
  - look for a missing chromosome.
  - test lung function.
  - test the blood for the antibodies to gluten.
  - take a stool sample.

**Use the following diet record to answer questions 39-40.**

**Breakfast:**

Instant oatmeal sweetened with brown sugar  
Mashed banana  
8 oz. fortified juice

**Lunch:**

Macaroni with butter  
8 oz. fortified juice

**Snack:**

Goldfish crackers  
12 oz. fortified juice

**Dinner:**

White bread without crusts and with butter  
12 oz. fortified juice

39. What would indicate that the 3-year-old girl following this diet has a potential feeding problem?
- Lack of variety
  - Bland food choices
  - Excessive fluid intake
  - All of the above
  - a and c only
40. What foods could you suggest to increase variety and still make it easy for her to eat?
- Pureed pears or peaches
  - Macaroni made with milk and cheese
  - Peanut butter sandwich crackers
  - Fortified juice smoothie
  - All of the above

41. Which of the following foods would you need to have a closer look at to ensure its safety for consumption by someone with celiac disease?
- Cherry pie filling
  - Chicken
  - Oat cereal
  - All of the above
  - a and c only
42. A child with cerebral palsy in a wheelchair will likely require \_\_\_\_ energy than/as a child with cerebral palsy that is able to walk.
- more
  - less
  - the same amount of
43. If a child tires out easily while eating a piece of fruit and will not eat anything else, what can be done to increase her intake?
- Change to pureed fruit or a fruit sauce
  - Soft-cook vegetables
  - Add protein to soups or noodles
  - Try a nutritional supplement like Pediasure
  - All of the above

### **True/False**

- Chronic condition* and *disability* mean the same thing in referring to toddlers and preschoolers.
- The consistent definition that must be met in order to qualify as having a disability in any state is whether a child has the ability to walk independently.
- A component of nutrition assessment in children with special health care needs is to assess the need for added vitamins and minerals.
- Genetic syndromes can affect growth rate.
- Over-the-counter products can never be used in children with special health care needs.
- The recommendation by the American Academy of Pediatrics to limit juice intake to 4 to 6 fluid ounces per day does **NOT** apply to children with special needs.
- A gluten-free diet is recommended for autistic children.
- Food allergies are always a direct result of asthma.
- If a child is allergic to eggs, it is not necessary to avoid a food that has eggs in it as long as it has been cooked.
- Some children have asthma as a result of food allergies.

## Matching

1. Diplegia	A. Related to lungs and their movement of air
2. Rett syndrome	B. Condition in which the lungs are unable to exchange air due to lack of expansion of air sacs
3. Bronchopulmonary dysplasia (BPD)	C. Form of enteral nutrition support for delivering nutrition by tube directly into the stomach
4. Cystic fibrosis	D. Damage that occurs to underdeveloped lungs resulting in breathing that requires extra effort
5. Pediatric AIDS	E. Viral or bacterial infection in the central nervous system
6. Asthma	F. Sudden onset of a reaction with mild to severe symptoms, including a decreased ability to breathe
7. Pulmonary	G. A genetic change on the X chromosome resulting in severe neurological delays
8. Gastrostomy	H. Damage to the part of the brain controlling movement of the legs, interfering with muscle control and ambulation
9. Anaphylaxis	I. Condition in which changes to chromosome 7 interfere with all the exocrine functions in the body
10. Meningitis	J. Destruction of the infection-fighting abilities of the body by a virus

## Short Answer

1. A registered dietitian working for the Early Intervention Program met a family whose first baby was born with Down syndrome. They had been feeding their infant St. John's wort, an herbal remedy they felt would cure or improve mental functioning in their child. What would be important information for the dietitian to counsel and teach the family?
2. A toddler with a possible failure to thrive diagnosis was brought into the high-risk clinic. What degree of growth decline is an objective growth measure for defining FTT? Identify two medical or environmental factors that prevent adequate weight gain. Define *medical neglect* and predict how long it would take to demonstrate weight gain with adequate nutritional intake. Suggest three high-calorie, high-protein foods that could be recommended.
3. Develop a list of foods a parent would need to avoid if his or her child had celiac disease (or an educational pamphlet describing how to eliminate gluten from the diet). Make sure to include "hidden" sources of gluten that might be found on food labels.

*Optional web-based extension of question:* Also check the following websites for help:

<http://www.csaceliacs.info/>

<http://www.celiac.org/>

<http://www.glutenfree.com/>

4. Treatment of pulmonary problems may include a major nutritional component. Give examples of breathing conditions that have an impact on food and nutrient intake, and explain the possible implications. What recommendations can you make for a child with BPD? Give specific food and meal patterns suggestions.

5. The chapter recommended that parents or caregivers might have to make 15-20 attempts at introducing a new food to children with an autism spectrum disorder before it is accepted. Write three statements that would help explain to parents and caregivers some of the rationale regarding feeding problems in this type of child.
6. A 3-year-old child with a suspected developmental delay is refusing to eat any foods except yogurt, pudding, and mashed potatoes. What suggestions would you make to her parents in order to encourage a wider selection of foods? How many times might it take for this child to accept a new food that is offered?
7. Is a gluten-free and casein-free diet warranted for all children with autism? Are there any other scientifically proven diets currently available to help with autism?

*Optional web-based extension of question:*

- a. Do a search of several different web sites to see if you can locate information related to this topic and find information that is currently being promoted for this condition.
- b. After reviewing this information, what would you recommend a parent with an autistic child do nutritionally?

Web sites of interest (accessed 1/21/13):

[www.quackwatch.com](http://www.quackwatch.com) (search: autism and diet)

8. In some of the case studies presented in the chapter, “junk foods” such as cheese puffs, sweetened cereals, candy, and sweetened juice drinks were mentioned. Write your rationale for allowing toddlers and preschoolers with special health care needs to eat these foods. Use the ChooseMyPlate.gov recommendations and the Dietary Guidelines for preschoolers to develop an appropriate recommendation for the portions of these foods to allow.