

NUTRITION

*Ped-Nutrition
Board Certification as a Specialist in Pediatric Nutrition Examination*



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Question: 1

What is the name of the landmark research study from 1983-1993 that changed the way diabetes is treated?

- A. Diabetes Control and Complications Trial (DCCT)
- B. The Effects of Glycemic Control on Type 1 Diabetes
- C. Epidemiology of Diabetes Interventions and Complications (EDIC)
- D. Intensive Diabetes Management and Continuous Glucose Monitoring Trial

Answer: A

Explanation:

The Diabetes Control and Complications Trial (DCCT) was conducted from 1983-1993. This trial provided groundbreaking data that changed the way diabetes is treated. The study looked at the effects of standard diabetes care compared with intensive control on the development of complications. The trial showed that keeping the hemoglobin A1C level at 6% or less significantly reduced complications such as retinopathy, kidney disease, neuropathy, and cardiovascular disease. The trial enabled evidence-based care models to be developed to help standardize the treatment of diabetes. The DCCT also demonstrated that a team approach to treating diabetes is extremely important in achieving management goals. Pediatric endocrine clinics are often based on information obtained from this trial, such as involving a pediatric child life specialist to help the child navigate an appointment.

Question: 2

Which of the following risk factors is most likely to be associated with being overweight?

- A. Autistic disorder
- B. Seizure disorder
- C. Prader-Willi syndrome
- D. Congenital heart disease

Answer: C

Explanation:

A full medical history is required to accurately initiate nutrition assessment in pediatric patients. As much as 15% of children in this country have been identified as having specialized health care issues. Many of these specialized health care needs put the child at risk for nutrition complications. Growth is one area that may be affected, resulting in either under- or overweight children. Disease states or

conditions most associated with being overweight or obese include Prader-Willi syndrome and Down syndrome. Disease states or conditions most associated with being underweight include congenital heart disease, fetal alcohol syndrome, cystic fibrosis, prematurity, bronchopulmonary dysplasia, and autistic disorder. Some conditions are also associated with short stature, including cystic fibrosis, cerebral palsy, prematurity, spina bifida,, and fetal alcohol syndrome.

Question: 3

What is the percentile range for body mass index on the CDC growth curves that is considered overweight in children?

- A. 75th — 90th percentile
- B. 85th — 95th percentile
- C. C. 90th — 95th percentile
- D. 95th — 100th percentile

Answer: B

Explanation:

Body mass index (BMI) is the index used most often to evaluate weight status. It is a fairly reliable measure of the amount of adiposity. It does not directly measure body fat. That can only be achieved with the use of underwater weighing or dual energy x-ray absorptiometry (DXA). To calculate BMI, weight in kilograms is divided by height in meters squared. In children, the BMI value is interpreted as a percentile on the CDC growth chart. This is a comparison of the child's BMI among other children of the same age and sex. A child with a BMI at or greater than the 85th percentile is considered overweight and at the 95th percentile or greater is considered obese. A child between the 5th percentile to less than the 85th percentile is considered to be of normal weight and less than the 5th percentile is underweight. Points to consider when interpreting BMI in children and teens is that the amount of body fat will vary with age and the amount of body fat is different between boys and girls.

Question: 4

Which method of data collection is most likely to underreport dietary intake?

- A. 24-hour recall
- B. Diet history
- C. 7-day food record
- D. Food frequency

Answer: A

Explanation:

Obtaining information about a child's dietary intake is a very important component of the overall nutrition assessment. A 24-hour recall is commonly done but the data collected may be underreported. The previous 24-hour period may not be representative of the usual intake pattern. A diet history may reflect slightly higher intake than normal and is used to assess the normal or usual food pattern. A 7-day food record tends to be the most accurate because it includes both weekdays and weekends; however, the ability to keep detailed records usually wanes as the number of days continues on. A 3-day food record is a good alternative using one weekend day and two weekdays. Food frequencies are sometimes used to determine food patterns but foods tend to be over reported with this method. Innovative technological methods are being developed using smart phones or other computerized methods to help with accuracy for collecting food intake data.

Question: 5

Which of the following are the most commonly seen symptoms of a cow's milk allergy in an infant? (Choose 4 options)

- A. Constipation
- B. Atopic dermatitis
- C. Asthma
- D. Anaphylaxis
- E. Blood in the stool
- F. Vomiting

Answer: B,C,E,F

Explanation:

An allergy to cow's milk protein can present in the first 4 months of an infant's life. The most commonly seen symptoms are the presence of blood in the stool, diarrhea, vomiting or gagging, and colic. Infants may also develop skin reactions such as atopic dermatitis, hives, or eczema. Respiratory issues such as asthma may occur. Anaphylaxis is rarely seen with cow's milk protein allergy. This is seen more often with allergic reaction to peanuts or tree nuts. Constipation is not a common symptom. Sometimes lactose intolerance is suspected but it is very rare for an infant to have lactose intolerance. Lactose intolerance is a result of an enzyme issue whereas an allergy to cow's milk is an immunologic response. Infants can develop a cow's milk protein allergy while on a cow's-milk-based formula or breast milk.

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