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Paediatric History Growth and Anthropometry

Practical 01 / Supervised clinical examination

Aim

Record a paediatric history and plot growth using measurements taken by appropriate age-specific methods.

Principle

Growth assessment depends on accurate age, sex, reproducible measurements and a suitable reference chart. Trends add context to a single centile or Z score.

Materials and Requirements

- Calibrated scale, length board or stadiometer and non-stretch tape
- Age- and sex-appropriate charts and child health record

Procedure

1. Confirm age, gestation where relevant and caregiver concerns. Ask about pregnancy and birth, feeding, illnesses, development and family growth.
2. Verify date of birth, source and exact age on the measurement date. Ask about prematurity, appetite, family growth and previous records. Use corrected age where the chart and clinical context require it.
3. Zero the scale and measure weight with minimal clothing as appropriate. Use a length board for recumbent length in children under 2 years and standing height when the chart and age indicate.
4. With an assistant at the length board, hold the head at the fixed end and align the body and feet without force. For standing height use bare feet, erect posture and the correct head plane.

Continue with step 5 on the next page.

Procedure Continued

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5. Measure head circumference around the largest occipitofrontal plane. Repeat unexpected values and correct the technique before plotting.
6. Position the tape above eyebrows and around the most prominent occipital point, repeat the measurement and record the largest reproducible circumference with units.
7. Plot age, sex and measurements on the correct charts. Review weight-for-length or BMI-for-age as applicable. Compare earlier points.
8. Plot each dated measurement and check that chart, sex, age and measurement method match. Review weight relative to length or height and identify the trajectory across earlier measurements.
9. Report the trend, context and whether any measurement requires confirmation or review.
10. Summarise the pattern and any technical limitation. Discuss likely intake, health or measurement factors with the supervisor and agree who will repeat or review the result.

Precautions

- Keep infants supported on measuring equipment and record the measurement method.
- Interpret trends with clinical findings rather than a single point.

Observations and Interpretation

Paediatric History Growth and Anthropometry

Observations and Record

Item	What to record	What it tells you
Age and record	Date of birth, age at visit and prematurity if relevant	Uses the correct chart and axis
Measurements	Weight, length or height and head circumference with units	Documents current growth
Serial trend	Centile or Z score and interval change	Identifies changes that merit assessment

Worked Example

Two reliable records show declining weight-for-age while length follows its previous trajectory. The caregiver reports reduced intake during a recent illness.

Result and Interpretation

Confirm measurements and assess feeding, illness recovery and other causes before concluding growth faltering. Arrange review through the clinical team.

Viva Questions and Answers

Why use a length board for an infant?

Recumbent length is the corresponding measurement for infant charts and is more reproducible with the board.

What can make a plotted point misleading?

Wrong age or sex, a measurement error, a chart mismatch or transient illness.

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