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* Nursing Diagnosis: Deficient Knowledge related to implementing dietary habits and deficit knowledge. As evidenced by increased weight for child's developmental age.

Relevant Assessment Data (see instructions)	Patient Outcomes (see instructions re: 3 domains of learning)	Teaching Outline (be specific and use a logical sequence)	Teaching Tools (see instructions)	Evaluation (see instructions)
<p>- Patient is too young to receive proper education</p> <p>- Patient is an only child and lives with his two parents; they are a low-income family and receive some help.</p> <p>- Upon assessment, patient weighs 20.1kg with a BMI of 21.1 kg/m²</p> <p>- Parents fed toddler cereals and sippy-cup in a sippy-cup for liquids</p>	<p><u>Cognitive:</u> The parents demonstrate understanding of the information</p> <p><u>Psychomotor:</u> The parents were able to give healthy meal examples and ways to get the child more active.</p> <p><u>Affective:</u> The parents actively listened and asked questions throughout the educational.</p>	<p>- Encourage Po intake & limit daily intake of juice to 4-10 oz. Don't allow the child to have juice or sugary drinks in bottle / sippy cup for extended amount of time - tooth decay</p> <p>- 3 small meals and 2-3 nutritious snacks per day</p> <p>- Cut out fast food for the toddler</p> <p>- My Plate education for meal planning</p>	<p>- Handout Pamphlets and MyPlate information</p> <p>- Question / Answer</p>	<p>- Parents were actively listening and demonstrated the understanding of the information given</p>

Reference(s): Ludwig, G. Atkley, B. Makic, M.B. (2017). Mosby's guide to Nursing Diagnosis. Elsevier.