

## Dietetics — Transfer to Paediatric Dietitian for a Child with Faltering Growth

### THE CASE NOTES

**Patient:** Master Luca Rossi, 3 years old; referred by health visitor for faltering growth and feeding difficulties

**Growth:** Weight: 11.2 kg (0.4th centile for age); height: 88 cm (2nd centile); weight has not crossed a centile in 6 months — static on the 0.4th

**Diet:** Accepts approximately 8–10 foods; will eat: plain pasta, white bread, cheddar cheese, plain milk, yoghurt, cucumber, boiled eggs; refuses all meat, all vegetables except cucumber, all fruit except banana (occasionally); strong texture aversion — refuses lumpy or mixed textures; eats better alone than at the family dinner table

**Feeding:** Mealtimes are very stressful for the family; mother reports battles at every meal; child often refuses after 2–3 bites; no choking or swallowing difficulties reported; drinks milk (500 mL/day) which may reduce appetite for solid foods

**Developmental:** No developmental delay; speaks in short sentences; hyperactive at mealtimes; referred to community paediatrics — appointment pending

**Parent view:** Mother is exhausted and anxious; has tried strategies from online resources without success; is open to professional guidance

**Action taken:** Advised reducing milk to 300 mL/day to improve appetite; given basic food exposure strategies; mother requested specialist support

**Task:** Write a transfer letter to the paediatric dietitian, Ms Fiona Brady, providing the information needed to plan Luca's first specialist appointment.

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### WHAT TO INCLUDE

**+ Weight 11.2 kg (0.4th centile), static for 6 months — not crossing centiles**

This is the growth data that defines the clinical urgency. A child static on the 0.4th centile for 6 months requires specialist review. The paediatric dietitian uses this to determine how urgently to book the appointment.

**+ The food repertoire: 8–10 foods only, texture aversion, refuses all fruit except banana and all vegetables except cucumber**

The restricted list tells the paediatric dietitian what they are working with for a meal plan. They cannot build a feeding programme without knowing the current accepted foods.

**+ That the mother is exhausted and anxious and has tried online strategies — she is open to guidance**

Family context is the starting point for paediatric feeding work. The specialist needs to know the emotional state of the primary carer to plan the family support component of the first appointment.

### WHAT TO LEAVE OUT

**– The full developmental history and paediatric referral detail**

A brief mention — 'referred to community paediatrics, appointment pending' — covers it. The paediatric dietitian manages the feeding programme; the community paediatrician manages the developmental assessment.

**– The online strategies the mother tried**

Not relevant to the specialist. 'Has tried feeding strategies at home without sustained success' is enough.

# OET Case Notes

Dietetics · Beginner · Transfer letter · to Paediatric Dietitian

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## CRITERION IN FOCUS · GENRE & STYLE

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A paediatric faltering growth transfer letter must balance clinical urgency with sensitivity to the family's distress. The mother is not failing — she is exhausted and asking for help. The professional tone acknowledges the family context without being patronising: 'Luca's mother has been very engaged and is open to specialist guidance' positions her correctly as a cooperative partner in the feeding programme.

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