



PROCEDURE

Weight assessment 0–2 years

Scope (Staff):	Community Health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To correctly measure, record and interpret the weight of infants and young children up to two years of age.

Risk

Failure to conduct a weight assessment or obtain an accurate weight measurement may delay the identification of significant growth deviations for an infant or young child.

Background

When conducted as part of a regular and holistic growth assessment, obtaining a weight measurement can assist in determining whether an infant or young child has age-appropriate growth, or if a growth deviation is apparent that warrants further assessment, early intervention and monitoring¹.

For the assessment of growth to be meaningful, serial measurements should be taken and plotted onto an age and sex-specific growth chart over a period of time². Decisions about growth deviations should never be determined solely by these charts³. Reviewing growth measurements from previous child health contacts will assist in interpreting overall growth status and determining whether further assessment and/or referral is required².

Key points

- Weight is measured at the 0-14 days, 8 week, 4 month, 12 month and 2 year Universal contacts **or** when concerns regarding growth or any other identified risk are raised by a parent/carer or Community Health Nurse at any Universal Plus contact or drop-in session.

NOTE: Weight assessments for children over two years of age (including those undertaken as part of the Universal contact 2 years) must be conducted in accordance with [Weight assessment 2 years and over](#).

- For children receiving the [Enhanced Child Health Schedule](#) through the WA Country Health Service (WACHS), a weight assessment is offered and conducted at each scheduled contact up to and including five years of age.
- Weight assessments are to be conducted by community health staff with appropriate training and assessment skills.
- Suitable equipment and the correct measuring technique must be used. Inaccurately taking, recording or plotting a weight measurement can lead to a misleading growth assessment, clinical misinterpretation and unnecessary concern for parents/carers.
- Community Health Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of all clients.
- Community Health Nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

Equipment

- A digital scale with a motion detector and stabiliser. The scale must:
 - weigh in increments of 10 grams (g) at a minimum and have a weight capacity of at least 20 kilograms (kg);
 - be large enough to support a two-year-old child; and
 - not have an attached length or height measuring device.
- The scale must be cleaned before and after each use (see [Medical Devices: Single Use, Single Patient Use and Reusable](#)).
- Single-use sheets/paper towels.

- Calibrate and service the scale according to the manufacturer's instructions.
 - For calibration of infant scales, staff must refer to *Appendix 1 – Annual calibration testing of infant scales*.
 - For calibration of stand-on scales:
 - CACH staff must refer to [Medical Equipment Repair, Maintenance and Calibration Workflow for CAHS Community Health](#); and
 - WACHS staff must refer to *Appendix 2 – Annual accuracy testing of stand-on scales*.

Procedure

Steps	Additional Information
Explanation • Explain the procedure to the parent/carer and, if relevant, the young child. Allow sufficient time for the discussion of any concerns.	• Encourage parent/carer involvement in the procedure and ask that they stay with the infant/young child at all times.
Preparation • Place the clean scale on a flat and stable surface. Avoid placing the scale on carpet. • Place a single-use sheet/paper towel on the scale. • For greater accuracy in the weight measurement, ask the parent/carer to remove the infant/young child's clothing and nappy.	• If the scale must be placed on carpet, follow the manufacturer's instructions for use. • Cultural beliefs and practices must be considered in relation to the removal of items worn by the infant/young child. • If the parent/carer declines to remove the infant/young child's clothing and/or nappy, proceed with taking the weight measurement. Note the refusal and the items worn when recording the weight measurement. Do not deduct any weight from the measurement.
Measuring • Turn the scale on and tare it to zero. • Ask the parent/carer to place the infant/young child in the centre of the scale so their weight is evenly distributed.	• To reduce the risk of a fall from the scale, ask the parent/carer to remain close to the infant/young child.

Steps	Additional Information
Recording - Record the weight measurement to the nearest 10g or 0.01kg. NOTE: If the scale can weigh in increments of 1g (0.001kg), record the measurement to three decimal places in CDIS/CHIS. - CAHS-CH nurses must use a CDIS assessment screen to record the weight measurement. The measurement will be automatically plotted on the relevant growth chart. - WACHS nurses must enter the weight measurement in relevant CHIS qualifiers and review it on the appropriate centile chart. - CAHS-CH and WACHS nurses must use the relevant <i>Clinical Notes/Comments</i> field in CDIS/CHIS to record any factors that may have interfered with the accuracy of the measurement (e.g. if the infant/young child is in plaster, a harness or any item that is unable to be removed). - If CDIS/CHIS are temporarily unavailable, the relevant paper-based growth chart must be used to precisely plot the weight measurement (see <i>Additional Information</i>). The measurement must be entered into CDIS/CHIS, when available.	- Age is plotted in completed weeks/months/years, as appropriate. - If an unexpected growth trajectory is evident when the measurement is plotted, re-take the measurement to check for accuracy. - For infants born at less than 37 weeks gestation, gestation at birth must be recorded in <i>Birth History</i> (CDIS) or <i>Birth Notification</i> (CHIS) to activate the Fenton Preterm Growth Charts. Once activated, corrected and actual age will be displayed until the child reaches two years of age. <u>Paper-based recording:</u> - For infants born after 37 weeks gestation, plot the measurement on the relevant World Health Organization (WHO) growth chart: <i>Weight-for-age: Birth to 6 months (Girls or Boys)</i> <i>Weight-for-age: Birth to 2 years (Girls or Boys)</i> The actual age of these infants commences at birth. Growth measurement plotting begins at birth at “0 years” and continues according to the actual age. - For infants born at less than 37 weeks gestation, plot the measurement using the <i>Fenton Preterm Growth Charts</i>. Once a corrected age of 40 weeks is reached, the WHO <i>Weight-for-age</i> growth charts should be used. Corrected age must be used until two years of age. If the child catches up before this, actual age can be used.

Steps	Additional Information
	If concerns with growth status are identified in infants less than six-months of age, use the WHO Weight-for-age: Birth to 6 Months growth charts to record and monitor serial weight measurements.
Interpretation - Interpret the weight measurement on the growth chart as part of a holistic growth assessment. Serial measurements of weight, length or height, and head circumference must be considered. - Note any changes in growth trajectory. - Discuss the findings and growth trajectory with the parent/carer.	- For more information about interpreting growth, refer to: Growth – birth to 18 years Growth – static or downward trajectory Growth – accelerated upward trajectory - Serial measurements showing unexpected changes in the growth trajectories require additional assessment and/or referral.
Referral - If concerned about growth, refer the infant/young child to a medical practitioner for further assessment (after consideration of the referral information in relevant policy documents). - Additional referral to a dietitian, the CAHS-CH Breastfeeding Support Service, WACHS Lactation Telehealth Service, a WACHS feeding team, or a lactation consultant may be considered, depending on individual requirements and local area availability.	For further information about the referral process for static or downward growth, refer to Growth – static or downward trajectory.

Training

Staff are required to complete the *Child Growth eLearning Training Package* as per the [CAHS - Community Health Practice Framework for Community Health Nurses](#) or the *WACHS Practice Framework for Population Health Nurses*.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations; according to CACH and WACHS processes.

References
1. The Royal Children's Hospital Melbourne. About child growth (E-learning module). No year. Available: www.rch.org.au/childgrowth. 2. Secker D. Promoting optimal monitoring of child growth in Canada: Using the new WHO growth charts. <i>Can J Diet Pract Res</i>. 2010;71(1):1-3. 3. The Royal Children's Hospital Melbourne. The 10 top things about growth charts. Victoria: The Royal Children's Hospital Melbourne; 2013. Available: https://www.rch.org.au/uploadedFiles/Main/Content/childgrowth/10%20top%20things%20about%20growth%20charts_Nov2013.pdf.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CACH Clinical Nursing Manual, HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
Body Mass Index assessment
Breastfeeding protection, promotion and support
Drop-in session
Growth – birth - 18 years
Growth – static or downward trajectory
Head circumference assessment
Height assessment 2 years and over
Length assessment 0 - 2 years
Growth – accelerated upward trajectory
Physical assessment 0 - 4 years
Universal contact (8 weeks , 4 months , 12 months , 2 years)
Weight assessment 2 years and over
The following documents can be accessed in the CAHS Policy Manual
Medical Equipment Repair, Maintenance and Calibration Workflow for CAHS Community Health

The following documents can be accessed in the CAHS Infection Control Policies manual
Infection Control Policies
The following documents can be accessed in the WACHS Policy Manual
Enhanced Child Health Schedule
Iron Deficiency Assessment for Children
WebPAS Child at Risk Alert Procedure
Related external policies and guidelines
Nursing and Midwifery Board AHPRA Decision-making framework
Related external resources
Royal Children's Hospital Melbourne Child growth learning resource
Fenton Preterm Growth Charts
World Health Organization Growth Charts: Weight-for-age
Related internal resources (including related forms)
Baby's first foods
How children develop
Practice guide for Community Health Nurses
Toddler Tucker
World Health Organization Charts (CHS800A series)

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Appendix 1: Annual calibration testing of infant scales

Key points

- Checking the accuracy of scales must be conducted annually.
- Scales must also be checked for accuracy each time the battery is replaced, if the scales are moved and wherever there is professional concern.
- Staff must comply with health service provider Occupational Safety and Health guidelines for all manual handling tasks.
- Manufacturer's recommendations must be followed regarding transportation, servicing and calibration.

Equipment

- Infant weighing scale
- Set of standard calibration weights: 100g, 1000g and 5000g.

Procedure

Steps	Additional Information
Turn the scale on and set it to zero	• The scale should read zero +/- 1 unit.
Check the accuracy of the <u>100g</u> weight	• Place the 100g weight on the scale. • The scale should read 100g +/- 0.5g.
Check tare operation	• With the 100g weight still on the scale, press the tare operation (or 'hold' button) to zero the scale. • The scale should read 0g +/- 0.1g.
Check the accuracy of the <u>1000g</u> weight	• Remove the 100g weight from the scale. • Set the scale to zero. • Place the 1000g weight on the scale. • The scale should read 1000g +/- 5g.
Check the accuracy of the <u>5000g</u> weight	• Remove the 1000g weight from the scale. • Set the scale to zero. • Place the 5000g weight on the scale. • The scale should read 5000g +/- 25g.
If there are discrepancies in the readings, repeat the test	• If discrepancies persist on retest, the scale may require replacement or repair. • Liaise with line manager.
Document details of calibration	• Attach details to the back of the scale and complete the <i>Annual Baby Scale Check Certificate</i>, when required.
Replace battery (as required) and document details of replacement	• Attach details to the back of the scale and complete the <i>Annual Baby Scale Check Certificate</i>, when required.

Appendix 2: Annual accuracy testing of stand-on scales WACHS staff only

Key points

- Checking the accuracy of scales must be conducted annually.
- Scales must also be checked for accuracy each time the battery is replaced, if the scales are moved and wherever there is professional concern.
- Staff must comply with health service provider Occupational Safety and Health guidelines for all manual handling tasks.
- Manufacturer's recommendations must be followed regarding transportation, servicing and calibration.

Equipment

- Weighing scale
- Standard calibration weights: Four 10kg weights

Procedure

Steps	Additional Information
Turn the scale on and set it to zero	• The scale should read zero +/- 1 unit. • If the lowest measure is to 0.01kg (10g), the zero set should be 0.0 +/- 10g.
Check the accuracy of the <u>10kg</u> weight	• Place one 10kg weight on the scale. • The scale should read 10kg +/- 50g.
Check tare operation	• With the 10kg weight still on the scale, press the tare operation or the 'on/off' button to zero the scale. • The scale should read: 0kg +/- 10g.
Check the accuracy of the <u>20kg</u> weight	• Remove the 10kg weight. • Set the scale to zero. It should read: 00.00 kg +/- 10g. • Place two 10kg weights on the scale. The scale should read: 20kg +/- 100g.
Check the accuracy of the <u>30kg</u> weight	• With the two 10kg weights still on the scale, place a third 10kg weight on the scale. • The scale should read: 30kg +/- 150g.
Check the accuracy of the <u>40kg</u> weight	• With the three 10kg weights still on the scale, place a fourth 10kg weight on the scale. • The scale should read: 40kg +/- 200g.
If there are discrepancies in the readings, repeat the test	• If discrepancy persists on retest, the scale may require replacement or repair. • Liaise with line manager.
Document details and date of weight check	• Attach details to the back of the scale.
Replace (as required) and document details of replacement	• Attach details to the back of the scale.