

Update to the treating paediatrician: infant with cow's milk protein allergy and faltering growth



Assume that today's date is 22 October 2026. You have just completed Fraser's six-week dietetic review. You are a paediatric dietitian at the community health centre. Using the information in the case notes, write a letter to Dr Brooke Gatenby, the paediatrician who referred Fraser, updating her on his progress and outlining the plan. Address the letter to Dr Brooke Gatenby, Paediatrician, Paediatric Outpatient Clinic, Children's Hospital, 40 Main Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				Initial dietetic assessment 10/09/26			
1. Name: Fraser Lennox	☐	☐	☐	19. Standard formula ceased → extensively hydrolysed formula (eHF) commenced on paediatrician's authority script	☐	☐	☐
2. DOB: 15/12/2025 (10 months)	☐	☐	☐	20. All dairy removed from solids; mother educated re label reading and hidden milk sources	☐	☐	☐
3. Primary carer: mother	☐	☐	☐	21. Solids 3 meals/day, smooth → mashed textures	☐	☐	☐
4. Referred by Dr Brooke Gatenby (paediatrician) 26/08/26: suspected non-IgE-mediated cow's milk protein allergy (CMPA), faltering growth	☐	☐	☐	Review 22/10/26			
5. Dietetic visits: initial 10/09/26; review today 22/10/26 (6/52)	☐	☐	☐	22. Wt 8.3 kg (~15th centile), ↑ 700 g in 6/52; length 71.5 cm	☐	☐	☐
Social background				23. Vomiting resolved; stools 1–2/day, soft, no mucus	☐	☐	☐
6. Lives with mother, father and sister (4 yrs)	☐	☐	☐	24. Eczema improved, mild patches only; sleeping better, less irritable	☐	☐	☐
7. Father works fly-in fly-out, away 2/52 at a time	☐	☐	☐	25. eHF ~600 mL/day, accepting taste well; intake meets calcium requirements	☐	☐	☐
8. Starting family day care 3 days/wk from 01/11/26	☐	☐	☐	26. Solids: 3 meals + 2 snacks, lumpy and finger foods; iron-rich foods (meat, legumes, iron-fortified cereal) daily	☐	☐	☐
9. Grandmother critical of mother for stopping breastfeeding at 3/12 → family tension	☐	☐	☐	27. 1 accidental exposure 07/10 (grandmother gave yoghurt) → loose stools and ↑ eczema × 2 days; resolved. Mother has spoken to family	☐	☐	☐
10. Mother complained clinic car parking too expensive	☐	☐	☐	28. Mother asked about plant-based 'milks' (rice, oat) — advised not suitable as main drink at this age; continue eHF	☐	☐	☐
Medical history				29. Mother coping well; confident with label reading	☐	☐	☐
11. Term delivery; birth wt 3.4 kg (50th centile)	☐	☐	☐	Plan			
12. Standard cow's milk formula from 3/12	☐	☐	☐	30. Continue eHF + strict dairy-free diet; mother to give written dairy-free plan to day care	☐	☐	☐
13. From 5/12: vomiting after feeds, loose stools with mucus 5–6/day, eczema, irritability	☐	☐	☐	31. Repeat eHF authority prescription required before 15/11/26 — request from paediatrician	☐	☐	☐
14. No immediate reactions (no urticaria, facial swelling or vomiting within minutes of feeds)	☐	☐	☐	32. Tolerance review: home milk ladder after ≥ 6/12 exclusion (~03/27, age ~15/12) if paediatrician agrees, given non-IgE presentation	☐	☐	☐
15. Eczema: emollients; mild topical corticosteroid PRN (per GP)	☐	☐	☐	33. Dietetic review 3/12 (01/27): growth, intake, milk ladder planning	☐	☐	☐
16. Immunisations up to date	☐	☐	☐	34. Mother enjoys baking; requested dairy-free cake recipes — given	☐	☐	☐
17. Sister: peanut allergy, carries adrenaline autoinjector	☐	☐	☐				
Initial dietetic assessment 10/09/26							
18. Wt 7.6 kg (~8th centile, ↓ from 50th at birth); length 70 cm (25th centile)	☐	☐	☐				