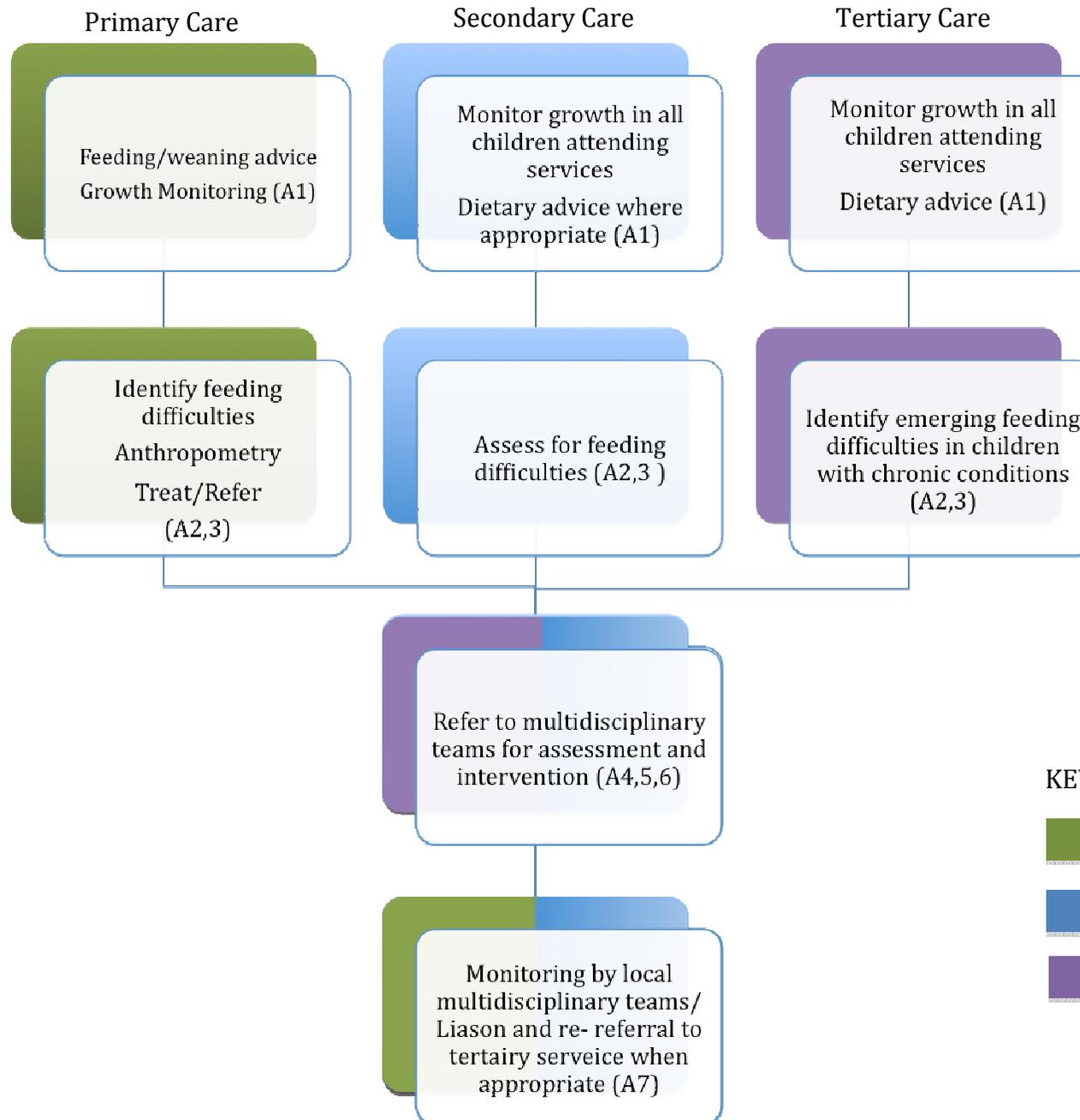


Pathway for children with feeding problems

Services:



Health Promotion

Early Identification

Intervention

Monitoring

KEY:



Primary Care



Secondary Care



Tertiary Care

Health promotion

Primary care

Provide dietary and feeding / behavioural management advice.

Opportunistic growth monitoring of children in primary care based on national guidelines, Healthy Child Programme (weight and length should be measured and plotted where there are concerns) and at school entry under 5 years.

Secondary and Tertiary Care

Opportunistic monitoring of growth and nutrition in all children attending secondary and tertiary services including newborns.

Appendix 2(A2)

Early identification of children presenting

- **to primary care**
- **to secondary and tertiary services including those presenting in the neonatal period and those presenting with chronic conditions and acquired brain injury.**

Early Identification

Accurate weight and length measurement

Examination to exclude neurological, neuro-developmental and chronic conditions

Treat symptoms

Reassure and monitor

Refer to Paediatrician, dietician, speech and language therapist as appropriate if

Faltering growth

Worsening physical symptoms e.g. compromised breathing

Suspicion of developmental problems, complex health conditions e.g. neurological, metabolic, renal cardiac, allergy, Gastro-oesophageal reflux

Continued failure to respond to management

New symptoms

Extreme parental stress

Parent- professional disagreement

Appendix 3(A3)

Presentation of feeding problems

- Oro-motor difficulties including sucking and swallowing
- Immature food textures (lack of chewing)
- Risk of aspiration-Coughing/choking
- Inefficient feeding – lengthy mealtimes
- Faltering growth
- Nutritional compromise
- Vomiting, Constipation
- Difficult behaviours at mealtimes e.g. tantrums
- Chronic food refusal
- Selective diets – restricted by food group, brand, texture etc.
- Sensory hypersensitivities – aversive reactions to sight, touch, taste
- Insistence on specific routines, food presentation etc.
- Typically associated with Cerebral Palsy and other neurological conditions
- Often associated with sleep and other self-regulation difficulties
- Typically associated with complex medical conditions (e.g. renal, cardiac, allergy) and/or neuro-developmental disorders (e.g. autism)

Appendix 4(A4)

Specialist feeding service

Competencies required:

Assessment of feeding, drinking, safety of swallow

Diagnosis of neurological or behavioural feeding problems

Paediatric dietetic advice

Behavioural assessment and support

Assessment of seating and positioning, advice on equipment required to support feeding

Multidisciplinary team:

Feeding difficulties, both physical and behavioural require multidisciplinary input from a core team including a Paediatrician, dietician, speech and language therapist, with support from occupational therapist, physiotherapist, clinical psychologist, community nurse.

The feeding service/teams should have access to Paediatric gastroenterologist, Paediatric surgeon, Paediatric neurologist and have links with GP, Health Visitors, school nurses, community nurses, social workers.

Responsibilities

Assessment, evaluation and diagnosis

Provide effective advisory service

Devise treatment plan

Monitoring and liaising with relevant professionals

Transfer of care to primary/secondary care professionals as appropriate

Develop policies, evidence based, in accordance with nutritional and local guidelines

Develop programmes for patient education

Provide teaching, education, and support for the family, school and respite care

Provide in service continuing education updates to staff

Appendix 5(A5)

Referral criteria for specialist feeding clinic (Secondary or Tertiary service)

- Feeding issues in a child with complex needs and poor growth such as crossing centiles or persistently lower than the 0.4th percentile.
- Positioning/seating issues in relation to feeding.
- Management of Gastro Oesophageal Reflux Disease.
- Feeding difficulties in children presenting with symptoms of dysphagia including assessment for aspiration, emerging bulbar dysfunction or other neurological conditions.
- Management of drooling, other oro-motor difficulties
- Concerns about safety of swallow i.e. requiring an objective swallow assessment (videofluoroscopy).
- Behavioural feeding difficulties (food refusal/ oral food aversion or sensory issues) in children with or without underlying neuro-developmental conditions.
- Sensory issues related to feeding problems
- Assessment of children with feeding difficulties for tube feeding.
- Re-establishing oral feeding in children on tube feeding.
- Psychosocial risk factors (mental health issues, developmental concern, significant environmental stress, poverty, isolation, substance abuse).
- Those who require second opinion
- To formulate a coordinated care plan

Appendix 6(A6)

Assessment of feeding difficulties

- History including early feeding, sensory issues, medical and developmental history
- Current feeding history including environmental issues
- Physical examination including anthropometry- height, weight or proxy measurements
- Full dietetic review of current intake by a Paediatric Dietician
- Feeding assessment including safety of swallow by Speech and Language Therapist
- Seating and positioning assessment by Physiotherapist and Occupational therapist
- Formal swallow assessment – videofluoroscopy
- Diagnosis of causation and relevant investigations
- Baseline investigations to rule out nutritional inadequacy e.g. anaemia, micronutrient deficiencies
- Further gastrointestinal investigations as clinical presentation demands e.g. Gastro-oesophageal reflux
- Stool analysis –to identify underlying malabsorption

Appendix 7(A7)

Monitoring

Ensure parents have understood advice given, and address any inconsistencies in advice offered.

Ensure parents are aware and agreeable to recommended management plan.

Support for parents in the community

Close liaison with GP/HV/school nurse/ key worker to ensure management plan is implemented and evaluated

Clear plan for follow up (where and by whom) and referral to services when appropriate

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