

When to refer to speech pathology for bedside/clinical feeding evaluation ("in office" evaluation):

<p>Bottle feeding</p>	<ul style="list-style-type: none"> <input type="checkbox"/> leaking, coughing or choking with bottle feeding (or breast feeding if these symptoms also occur during breast feeding) <ul style="list-style-type: none"> o may request referral for instrumental assessment such as MBS or FEES <input type="checkbox"/> long feeding times exceeding 30 minutes <input type="checkbox"/> poor weight gain <input type="checkbox"/> refusal of bottle <input type="checkbox"/> signs of oral motor weakness or dysfunction such as drooling, low oral tone, open mouth posture, poor latch <input type="checkbox"/> difficulty with transition to cup or straw <input type="checkbox"/> tongue tie potentially affecting latch
<p>Spoon feeding</p>	<ul style="list-style-type: none"> <input type="checkbox"/> refusal of spoon at 4-6 months of age, not improving by 7-8 months of age (the earlier the referral, the better) <input type="checkbox"/> poor transition through texture stages such as to pureed table foods, mashed table foods, pieces of table foods <input type="checkbox"/> reports of gagging, coughing or choking <ul style="list-style-type: none"> o may request referral for instrumental assessment such as MBS
<p>Solid food feeding</p>	<ul style="list-style-type: none"> <input type="checkbox"/> does not transition from spoon feeds to finger feeding <input type="checkbox"/> poor chewing <input type="checkbox"/> coughing or choking with solid food <ul style="list-style-type: none"> o "in office" evaluation is suggested prior to referral for MBS in this case unless there are concerns for color change, pneumonia, etc. <input type="checkbox"/> tongue tie potentially affecting chewing <input type="checkbox"/> limited diet <input type="checkbox"/> gagging
<p>Problematic meal time behavior</p>	<p>*concurrent referral to behavior specialist often also recommended especially in cases with diagnosis of Avoidant/Restrictive Food Intake Disorder (ARFID) or anxiety*</p> <ul style="list-style-type: none"> <input type="checkbox"/> concern for oral motor weakness or dysfunction <input type="checkbox"/> gagging, crying or other refusal behaviors during meal times <input type="checkbox"/> preference for drinking over eating <input type="checkbox"/> reliance on electronics to "get them to eat"

Speech Pathology (SLP) routinely partners with these professionals for other feeding issues including:

referral to both sets of specialists would be needed (SLP and ____)

1. SLP together with dietitians and GI/other MDs - weaning from NG/G tube feeds, increasing overall caloric and PO intake, best meal time and tube feeding schedule based on patient and family needs, reflux management
2. SLP together with lactation consultations - breast feeding, increasing overall PO intake
3. SLP together with OTs - self feeding, positioning, oral motor issues
4. SLP together with psychologists/other behavior specialists - problematic meal time behaviors, ARFID, anxiety disorders which impact feeding