OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
REHABILITATION SERVICES
POLICY & PROCEDURE

NUMBER: 2142
VERSION: 4

SUBJECT/TITLE: **PEDIATRIC FEEDING ASSESSMENT AND TREATMENT**

POLICY: A pediatric feeding assessment is administered by an Occupational Therapist (OT) who has the knowledge and skills to assess and provide treatment intervention based on the patient's identified feeding disorder.

PURPOSE: To assure the Occupational Therapist has the appropriate level of knowledge and skills necessary to administer a feeding assessment and treatment intervention for pediatric patients.

DEPARTMENTS: **REHABILITATION SERVICES**

DEFINITIONS:
Feeding is the process of bringing fluid from a bottle or cup to the mouth and food from the plate to the mouth.
Eating is the ability to keep and manipulate food or fluid in the mouth and swallow it; eating and swallowing are often used interchangeably.
Swallowing involves a complicated act in which food, fluid or saliva is moved from the mouth through the pharynx and esophagus into the stomach.
Pediatric Feeding Disorder is a condition in which a neonate, infant or child fails to consume enough nutrients to promote growth. This is most prevalent in infants/children with developmental disabilities.

PROCEDURE:

I. Referral Process:

A. The physician writes an order for an Occupational Therapy assessment that is based on an identified feeding disorder that may include, but is not limited to the following:

1. Failure to thrive
2. Craniofacial abnormalities
3. Oral or pharyngeal dysphagia
4. Aversion to food textures
5. Food refusal (sensory or behavioral)
6. Difficulty advancing to age appropriate food textures
7. Gagging, coughing or choking
8. Short gut syndrome or gastroschisis
9. Transitions from tube feeding to oral feeding
10. Children who have experienced multiple surgeries
11. Transitions from bottle to solid food

12. Difficulty transitioning from breast to bottle, baby food and solids.

II. Feeding Assessment:

A. Based on the identified feeding disorder, the therapist will administer an initial feeding assessment that is appropriate to the developmental stage of the neonate, infant or child.

B. If a swallowing disorder is also identified, the neonate, infant or child will be referred to the appropriate specialist that is trained in dysphagia.

C. A feeding assessment may include, but is not limited to the following:

1. All pertinent medical history and diagnosis that may trigger a reason for the feeding assessment referral. The reason for the feeding disorder can be related to medical, anatomical, physiologic, social, psychological, sensory motor and/or a combination of these elements.
2. Assessment of oral facial structures and function:
    - Jaw
    - Cheeks
    - Tongue
    - Lip
    - Palate
    - Teeth
    - Pharynx
    - Larynx
3. Pre-feeding assessment:
    a. Recognizes readiness for feeding by evaluating: Posture, movement, respiration, voice, alertness, cognition, caregiver interaction and interest in feeding.
4. Feeding assessment:
    a. Pertinent reflexes
    b. Assessment of four phases of swallowing:
        - Pre-oral phase
        - Oral phase
        - Pharyngeal phase
        - Esophageal phase

    c. Determines if there is coordination of sucking, swallowing and breathing.
    d. Identifies if there are any clinical signs of aspiration, reflux, airway obstruction or sensory issues
    e. Identifies any problems related to the feeding disorder as well as recommendations and intervention

III. Therapeutic Feeding Intervention to:

A. Determine appropriate bottle and nipple selection for infants
B. Determine optimal positioning to increase safety
C. Teach compensatory techniques
D. Teach oral motor strengthening and coordination
E. Decrease oral defensiveness and aversion or increase oral sensory awareness
F. Modify the diet to increase safety and improve respiratory health
G. Progress in amounts, textures and variety of foods as tolerated
H. Make recommendations to promote feeding readiness
I. Teach family/caregiver education. Refer to "Family Participation and Training for Pediatric Patient's policy for specific guidelines.

IV. Consent Requirement:

A. In order for the pediatric OT therapist to be successful in evaluating a child's feeding skills, it may be indicated that the therapist observe the child's eating skills behind a two-way mirror/window for a child who is shy and/or wary of the intervention.
B. The therapist must first obtain verbal permission from the parent(s) if they recommend observing their child anonymously from behind a two-way mirror/window.

V. Specialization for Swallowing Disorders:

A. A clinical finding that indicates a swallowing disorder is present must be assessed by a qualified therapist who specializes in swallowing for pediatric patients
    1. Speech Pathologist
    2. An Occupational Therapist with an Advanced Practice in swallowing by the California Board of Occupational Therapy
B. A video-fluoroscopic evaluation may be necessary and can be performed by a therapist who is qualified to perform video-fluoroscopic swallow studies.
C. The Occupational and Speech Therapist shall work together to address the various factors involved with feeding/swallowing and eating disorders.

VI. Orientation and Training:

A. All new therapists shall receive orientation and training specific to pediatrics and neonates when working with this patient population.
B. An experienced practitioner shall provide one-on-one training until competencies can be determined in the area of pediatrics.
C. A CCS practitioner shall mentor and oversee the therapy staff that works with pediatric patients, that are not CCS paneled.
D. Once the therapist has met the minimum requirements an application will be processed for CCS paneling.

References:	
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