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Key Elements of Picky Eaters: Feeding Assessment

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Key Elements of Picky Eaters: Feeding Assessment

Jessica Reva, MS, CCC-SLP
Learning Objectives

1) List at least 3 causes of feeding difficulties in pediatric patients.
2) Describe at least 3 components of a comprehensive case history and why they are important.
3) Describe at least 3 components of a comprehensive feeding assessment and why they are important.

Understanding Feeding Disorders

• Feeding starts reflexively but becomes a learned behavior
• Feeding skills are tied to gross and fine motor skills
Typical Oral Motor Development

- Suckle (emerges 28-40 weeks gestation)
- Suck (develops 6-9 months)
- Chewing Pattern
  - Munch (7-8 months)
  - Vertical or Lateral Chew (9-12 months)
  - Rotary Chew (12-36 months)

Oral Motor Compared to Gross Motor

<table>
<thead>
<tr>
<th>Age</th>
<th>Oral Motor</th>
<th>Gross Motor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 Months</td>
<td>Suckle</td>
<td>Head Control/Propping</td>
</tr>
<tr>
<td>6-9 months</td>
<td>Suck</td>
<td>Rolling/Sitting</td>
</tr>
<tr>
<td>7-8 months</td>
<td>Munching</td>
<td>Crawling</td>
</tr>
<tr>
<td>8-12 months</td>
<td>Vertical Chew</td>
<td>Standing, Cruising</td>
</tr>
<tr>
<td>12-36 months</td>
<td>Rotary Chew</td>
<td>Walking</td>
</tr>
</tbody>
</table>
Diet with Oral Motor Pattern

- Liquid
- Puree
- Mashed Solids
- Soft Meltables
- Chopped Table Foods
- Regular Diet

Liquid

- Examples: Breast Feeding, Formula via bottle, Breast milk via bottle
- Age: 0-6 months
- Oral Motor Pattern: Suckle
- Gross Motor Skills: Head Control/Propping
Puree

- Examples: Stage 1 and 2 baby food via spoon
- Age: 4-7 months
- Oral Motor Pattern: Suckle
- Gross Motor Skills: Sitting

Mashed Solids

- Examples: mashed bananas, mashed potatoes, mac and cheese
- Age: 8-10 months
- Oral Motor Pattern: Munching into Vertical Chew
- Gross Motor Skills: Pulling Up/Standing into Cruising
Soft Meltables
- Examples: puffs, wafers, yogurt melts
- Age: 9-11 months
- Oral Motor Pattern: Vertical Chew
- Gross Motor Skills: Standing/Cruising

Chopped Table Foods
- Examples: ground beef, strawberries, cheese
- Age: 12-24 months
- Oral Motor Pattern: Vertical Chew into Rotary Chew
- Gross Motor Skills: Walking
Regular Diet

- Examples: hamburger, chicken nuggets, french fries
- Age: 24-36+ months
- Oral Motor Pattern: Rotary Chew
- Gross Motor Skills: Walking

Learned Behavior

- Each of these steps is a learned behavior.
- Interference with learning these skills causes a change in behavior → Negative behaviors will develop.
- Examples of Interference
  - Aspiration
  - GI Issues
  - Illness
- Refusing to eat as a result of interference is "The child's appropriate response to our inappropriate demands."
  ~Eicker
- Each behavior is a response to a prior stimulus.
- Whether the behavior is repeated depends on the consequences following the behavior.
Examples

• Example 1
  • Child drinks milk
  • Child experiences reflux, it is painful
  • Child drinks less milk next time (often stopping at 2 ounce mark)

• Example 2
  • Child presented with solid food
  • Child finds chewing hard and doesn’t enjoy it, it can feel like choking when swallowing large chunks
  • Child starts to refuse solid foods because it’s too hard

Cause and Effect

• What causes the feeding difficulty and what maintains the feeding difficulty may or may not be the same thing.
• The longer the issue goes on, the less likely that the cause is what is maintaining the disorder.
• GERD is the most frequently identified underlying medical condition for patients with feeding problems
Assessment

- Case History
- Physical Exam
- Current Diet
- Feeding Observation
- Home Exercise Program
- Report

Case History

- Birth History
- Current Medications
- Medical History and Diagnosis
- Testing Completed
- Neurological Symptoms
- Ear/Nose/Throat Symptoms
- Vision
- Respiratory Symptoms

- GI Symptoms
- Cardiac Symptoms/Conditions
- Allergies
- Educational Status
- Developmental History
- Feeding History
Physical Exam

- Oral Structures
- Oral Reflexes
- Non-nutritive suck
- Gross Motor Skills
- Respiratory Skills

Oral Structures Assessment

- Facial Symmetry
- Tone
- Stability (proximal and distal)
- Cheeks
- Lips
- Tongue
- Mandible
- Palate
- Velum

- Uvula
- Tonsils
- Dentition
- Tolerance to Touch
- Drooling
Oral Reflexes Assessment

- Root (3-6 months)
- Suck (6-12 months)
- Tongue Protrusion (4-6 months)
- Phasic Bite (9-12 months)
- Lingual Lateralization
- Gag

Non-Nutritive Suck

- Suck-Swallow Ratio
  - 6-8 sucks per 1 swallow
  - Evaluates strength and coordination of the suck
Gross Motor Skills

- Their gross motor skills will correlate to their oral motor skills

Respiratory Skills

- Before, during and after feeding
- Feed with shirt off if possible/appropriate
Current Diet

- Food Inventory
- 3-Day Feeding Log
- Looking for the following
  - Food groups that are left out
  - Colors avoided
  - Flavors avoided
  - Textures avoided
  - Foods that can be chained from
- Reactions to non-preferred foods

Feeding Observation

- Observe the following
  - Liquid
  - Puree
  - Mechanical Soft
  - Solid
  - Preferred and Non-preferred foods
- Looking to gain insight on the following
  - Oral motor patterns
  - Amount consumed and what level of cueing is needed for patient to eat
  - Avoidance behaviors
  - Response to non-preferred foods
Home Exercise Program

- Put it in writing
- Have a discharge plan

Report

- Comment on the following in your summary:
  - Oral motor
  - Swallowing
  - Respiratory
  - GI
  - Nutrition/Weight gain
  - Sensory processing
  - Motor skills observed and missing
  - Behavioral observations
  - Referrals recommended
Patient Examples

- Motor Delays mixed with GI issues
- GI Issues

Case History 1

- Birth History: Patient born at 37-weeks weighing 2 pounds, 4 ounces. Patient on oxygen x3 days via nasal cannula. He was unable to nurse; however, was able to accept EBM via bottle. No tube feedings reported. Patient discharged home after 11 days in the NICU on room air and oral feeds.
- Current Medications: Kepra daily and diastat PRN, a food supplement that dad could not remember the name of
- Durable medical equipment in the home: none reported
- Hospitalizations: x1 secondary to seizure lasting longer than 20 minutes.
- Serious illnesses: none reported
- Surgeries: heart surgery to repair a hole in his heart x1 in February 2014.
- Medical professionals following the patient: neurologist as well as annual visits with genetics, cardiologist and ENT
Patient History (cont)

- Neurological: h/o seizures now under control with medication. No other h/o head injury.
- Ear/Nose/Throat: no h/o ear infections. Patient is followed by an ENT annually for airway difficulties. No hearing impairment reported
- Vision: no vision impairment reported
- Respiratory: patient with mild noisy breathing at room air. Parents report patient sleeps well at night. Patient is on room air.
- Gastroenterology: no h/o reflux, constipation or diarrhea. Patient with h/o vomiting pediasure as his body did not digest it well. Patient saw a dietician until the age of 3. Patient currently po’s toddler formula per their recommendation
- Allergies/Immunology: NKA and immunizations are up-to-date
- Educational Status/Grade: Patient attends PPCD
- Developmental Status: Severe developmental delays. Patient rolled over at 2 years of age, sat up at 3 years of age, crawled between 3 and 4 years of age, walked at 4 years of age. Patient is not able to feed himself. Patient receives OT and PT in school. He gets speech and language as well; however, no feeding therapy. Historically, patient received therapy via ECI until he turned 3 and started PPCD.

Patient Report 1

- Oral Motor: severe delay characterized by decreased strength, hypotonia and decreased function
- Swallowing: patient is at risk for aspiration secondary to decreased oral motor skills. No s/s of aspiration noted today.
- Respiratory: patient with mild audible breathing observed. Patient is on room air.
- GI: no report of reflux, constipation or diarrhea
- Nutrition: patient with poor weight gain and nutrition. He is only on a purred diet and toddler formula via sippy cup. He po’s pureed food via syringe.
- Sensory: tolerates textures on his hands, lips and tongue. Tolerates crunchy solids but does not chew.
- Motor: decreased gross and fine motor skills noted. Patient recently started walking per parent report.
- Behavioral: pt refuses spoon feeding characterized by turning away, closing his lips and pushing the spoon away. Family uses syringes to give pt 4-5mLs of pureed food at a time. Behaviors are used for volume limiting at meals.
- Referrals: Recommend pt to be followed by a GI doctor for s/s consistent with reflux. Recommend RD to assess for ways to gain weight.
Case History 2

- Birth History: Patient born at 39-weeks weighing 6.8 pounds. No complications reported and hospital stay was not prolonged.
- Current Medications: creams and lotions for her eczema
- Durable medical equipment in the home: none reported
- Hospitalizations: none reported
- Serious illnesses: none reported
- Surgeries: none reported
- Medical professionals following the patient: none reported
- Procedures completed: none reported

Patient History (cont)

- Neurological: No h/o seizures, head injury or other neurological conditions reported.
- Ear/Nose/Throat: ear infection x1, hearing WNL
- Vision: no difficulties reported
- Respiratory: no h/o URI or asthma
- Gastroenterology: patient is constipated at times. She has a bowel movement every day but it is small, hard pellets per parent report
- Allergies/Immunology: NKA and immunizations are up-to-date
- Educational Status/Grade: pt attends pre-school
- Developmental Status: rolled at 6 months, sat-up at 5 months, crawled at 6 months, walked at 12 months, fed self at 12 months, used cup at 18 months - development WNL
Patient Report 2

- Oral Motor: WNL
- Swallowing: WNL
- Respiratory: WNL
- GI: concerns for symptoms consistent with reflux and constipation
- Nutrition: volume limiting noted with a very selective diet
- Sensory: pt refuses to touch non-preferred foods on her hands
- Motor: WNL
- Behavioral: Pt will tolerate non-preferred foods on other’s plates at the same table; however, pt refuses non-preferred foods on her plate. When asked to try a non-preferred food, she will push the plate away, turn her head, and start tantrumming.
- Referrals: recommend consulting GI doctor to assess for symptoms consistent with reflux and constipation as reported by mom.

Questions