Treatment of Pediatric Feeding Disorder

Clinical Guideline

This guideline supports initial treatment of patients with pediatric feeding disorders and includes information for referral to the Children's Wisconsin Feeding, Swallowing and Nutrition Program (Feeding Team Clinic).

To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes:	Referring provider's initial evaluation and management:	When to initiate or consider referral to Feeding Team Clinic:	How to refer and what to send to Feeding Team Clinic:	Specialist's workup will likely include:

Signs and symptoms
• Poor oral intake or feeding refusal
• Prolonged mealtimes, limited diet variety
• Gagging, choking, or oral aversion
• Poor weight gain or growth concerns
• Dependence on tube feeding or supplements
 	
Diagnosis
• Pediatric Feeding Disorder (PFD): sustained feeding disturbance with medical, nutritional, skill, and/or behavioral dysfunction
• May involve unsafe swallow, inadequate intake, or feeding skill delay
 	
Causes
• Medical: GI disease, reflux, motility disorders, foregut anomalies
• Nutritional: malnutrition, restricted intake
• Skill-based: oral-motor delay, dysphagia
• Behavioral: feeding refusal, maladaptive feeding behaviors
• Often multifactorial requiring multidisciplinary care
	• Growth assessment (weight, BMI, Z-score)
	• Detailed feeding history (diet variety, duration, behaviors)
	
	• Evaluate red flags:
	  ○ Aspiration signs
	  ○ Severe malnutrition
	  ○ Inability to tolerate feeds
	
	• Trial initial interventions:
	  ○ Basic feeding strategies (schedule, structure)
	  ○ Nutrition optimization (calorie boosting if appropriate)
	
	• Determine primary concern category:
	  ○ Medical (GI-related)
	  ○ Nutritional/Growth
	  ○ Skill-based
	  ○ Behavioral
	  ○ Mixed/complex
		• Complex feeding concerns involving ≥2 domains (medical, nutrition, skill, behavior)
		• Suspected Pediatric Feeding Disorder
		• Poor nutrition or delayed diet advancement due to complex etiology
		• Feeding concerns requiring multidisciplinary evaluation
		• Patients likely to benefit from all disciplines of GI + Nutrition + Speech + Psychology collaboration
		
		DO NOT refer to Feeding Team if:
		• Age <12 months → refer to Speech
		• Feeding skill-only concern → Speech therapy
		• Failure to thrive only → GI referral
		• Cannot tolerate enteral feeds → GI referral
		• Avoidant/Restrictive Food Intake Disorder (ARFID) or eating disorder → Adolescent Medicine
		• Behavioral-only overeating → Psychology
			How to refer:
			
			1. In Children's Epic: place an Ambulatory Referral to Feeding Team (REF223).
			
			2. External providers:
			• **In your instance of Epic - Place an external CHW GASTROENTEROLOGY CLINICS**
			• **or Fax (414-607-5288) or**
			• **Online ambulatory referral**
			
			For urgent requests: Contact the Physician Consultation Line (414-266-2460) for patient to be referred to individual specialties first.
				• Multidisciplinary evaluation:
				  ○ Physician (medical assessment)
				  ○ Dietitian (nutrition)
				  ○ Speech-language pathologist (feeding/swallow skills)
				  ○ Psychologist (behavioral factors)
				
				• Observed feeding session
				• Growth and nutrition analysis
				
				• Determination of:
				  ○ Need for outpatient vs intensive therapy
				
				• Development of individualized treatment plan
				
				• Possible additional GI workup if indicated

References (Include up to date, pertinent references in AMA style)

1. Goday PS, Huh SY, Silverman A, et al. Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework. *J Pediatr Gastroenterol Nutr*. 2019;68(1):124-129. doi:10.1097/MPG.0000000000002188

Please contact clinicalguidelines@childrenswi.org for questions or comments.

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Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.