

Guidelines for Referring Patients to Speech-Language Pathology Services

PEDIATRIC FEEDING DISORDER IN PEDIATRIC HEALTH CARE SETTINGS

This guidelines document is designed to help health care providers determine the need for referral of a patient to a speech-language pathologist (SLP). It is not intended to diagnose pediatric feeding disorder (PFD). It does not take the place of a comprehensive developmental evaluation.



Patient's Name: _____ Date: _____

Referring Professional: _____

Definition of Pediatric Feeding Disorder

Pediatric feeding disorder (PFD) is defined as impaired oral intake that is not age appropriate and that is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

- PFD can be **acute** (< 3 months' duration) or **chronic** (≥ 3 months' duration).
- PFD is an **interprofessional diagnosis**, so additional referrals may be necessary (e.g., a GI, an ENT, or a dietitian).

In both sections, next steps are recommended after the parent or caregiver answers all questions.

Instructions

Observe and/or interview the individual and their family or caregivers. Answer each question as "yes" (Y) or "no" (N). There are two sets of questions: **Part 1** addresses medical and nutritional factors; **Part 2** addresses feeding skill and family/psychosocial factors. In both sections, next steps are recommended after answering all the questions.

PART 1

The following medical and nutritional factors are included in the PFD diagnostic criteria and are associated with feeding disorders.

PART 1 – Medical and Nutritional Factors		
Medical Factors		
Does the child have a history of prematurity?	Y	N
Does the child have a history of intubation or dependence on non-invasive respiratory support (e.g., continuous positive airway pressure [CPAP])?	Y	N
Does the child have GI tract dysfunction—like gastroesophageal reflux (GERD), eosinophilic esophagitis, or impaired motility?	Y	N
Does the child have a pulmonary condition—like chronic lung disease or frequent respiratory illness/pneumonias?	Y	N
Does the child have a genetic syndrome?	Y	N
Does the child have a congenital heart defect or other cardiorespiratory condition(s)?	Y	N
Does the child have a neuromotor disorder—like cerebral palsy?	Y	N
Does the child have a neurodevelopmental disorder—like autism?	Y	N

Does the child have a neurological problem—like a traumatic brain injury or a stroke?	Y	N
Does the child have a weak or absent cry/voice?	Y	N
Does the child have an aerodigestive abnormality (like vocal cord paralysis) or display high-pitched, noisy breathing (stridor) at rest?	Y	N
Nutritional Factors		
Does the child have a history of weight loss?	Y	N
Does the child have a history of dehydration?	Y	N
Does the child have a diagnosis of malnutrition?	Y	N
Does the child restrict the variety of foods that they eat, resulting in potential macronutrient or micronutrient deficiencies?	Y	N
Next Steps <ul style="list-style-type: none"> Tally the “yes” responses. A total of two or more “yes” answers indicates a risk for pediatric feeding disorder—in which case, consider referring the child to speech-language pathology for further screening or evaluation. 		

PART 2

The following feeding skill factors and psychosocial factors are included in the PFD diagnostic criteria and are associated with feeding disorders.

PART 2 – Feeding Skill and Psychosocial Factors		
Feeding Skill Factors		
Does the child restrict certain types of food based on characteristics like appearance, flavor, smell, or texture?	Y	N
Does the child demonstrate gagging on certain textures, thus interfering with age-appropriate intake? (Note: Gagging is a part of typical development until 12 months of age.)	Y	N
Does the child excessively spill food or liquid from the mouth when eating, thus interfering with age-appropriate intake?	Y	N
Does the child have strong texture preferences and/or have fewer than 10 total foods in their diet?	Y	N
Does the child eat or drink too slowly or have inefficient intake?	Y	N
Does the child have trouble chewing certain foods?	Y	N
Is there frequently food left in the child’s mouth after swallowing?	Y	N
Does the child have a history of oropharyngeal dysphagia?	Y	N
Does the child cough, choke, or have color changes (cyanosis or turning blue) during feeding?	Y	N
Is the child congested (wet vocalizations or wet breath sounds) during or after eating?	Y	N

Psychosocial Factors		
Does the family or caregiver(s) verbalize that feeding their child is stressful or difficult?	Y	N
Does the family or caregiver(s) verbalize lack of confidence in feeding their child?	Y	N
Do any family members or caregivers have cognitive challenges, learning disabilities, or a history of mental health problems?	Y	N
Does the child frequently cry or turn away during feeding?	Y	N
Next Steps <ul style="list-style-type: none"> Tally the "yes" responses. A total of one or more "yes" answers indicates a risk for pediatric feeding disorder – in which case, consider referring the child to speech-language pathology for further screening or evaluation. 		

References

Goday, P. S., Huh, S. Y., Silverman, A., Lukens, C. T., Dodrill, P., Cohen, S. S., Delaney, A. L., Feuling, M. B., Noel, R. J., Gisel, E., Kenzer, A., Kessler, D. B., Kraus de Camargo, O., Browne, J., & Phalen, J. A. (2019). Pediatric feeding disorder: Consensus definition and conceptual framework. *Journal of Pediatric Gastroenterology and Nutrition*, 68(1), 124-129. <https://doi.org/10.1097/MPG.0000000000002188>