Guidelines for Referring to Speech-Language Pathology Services

NEONATAL INTENSIVE CARE UNIT (NICU)

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

Patient's Name: _____ **Date:** _____

Referring Professional: _____

Instructions

Observe and/or interview the infant and their family or caregivers. Answer each question as **"yes" (Y)** or **"no" (N)**.

There are two sets of questions:

- **Part 1** addresses general medical status.
- **Part 2** addresses neurodevelopmental factors and psychosocial factors.

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

PART 1 – General Medical Status		
Was the infant born preterm?	Y	N
Does the infant have a diagnosis of Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome (NAS/NOWS) from prenatal exposure to prescription or recreational drugs?	Y	N
Does the infant have structural abnormalities, like craniofacial differences (cleft palate, retrognathia) or congenital diaphragmatic hernia?	Y	N
Does the infant have a genetic syndrome?	Y	N
Does the infant have a congenital heart defect?	Y	N
Does the infant have a neurological problem, such as hypoxic ischemic encephalopathy (HIE), intraventricular hemorrhage (IVH), or periventricular leukomalacia (PVL)?	Y	N
Is the infant considered late-preterm, or does the infant have neurodevelopmental immaturity (from a diagnosis like intrauterine growth restriction [IUGR] or infant of diabetic mother [IDM]) that results in continued need for respiratory, positioning, and/or gavage feeding support?	Y	N
Is the infant expected to be hospitalized for an extended period of time based on admitting diagnosis or medical comorbidities?	Y	N

Next Steps

- Tally the "yes" responses.
- A total of **one or more "yes" answers indicates a risk for neurodevelopmental impairment**—in which case, refer the infant to speech-language pathology for further screening or evaluation.

PART 2 – Neurodevelopmental Factors and Psychosocial Factors		
A. Neurobehavioral		
Does the infant demonstrate fluctuations in vital signs during care and handling?	Y	N
Does the infant demonstrate finger splaying, limb extension, arching, or grunting/bearing down during care and handling?	Y	N
Does the infant fall asleep or become agitated quickly during care or when being handled?	Y	N
Does the infant have a history of requiring sedatives, like morphine?	Y	N
B. Neuromotor and Musculoskeletal		
Does the infant display abnormal posturing of limbs/hands/feet at rest?	Y	N
Does the infant have abnormal or fluctuating muscle tone?	Y	N
Does the infant have abnormal movement patterns, like excessive arching or being difficult to position?	Y	N
C. Sensory and Environmental		
Does the infant demonstrate stress signs (such as facial grimacing, limb extension, and fluctuations in vital signs) when lights are turned on or when there is noise in their room?	Y	N
Does the infant demonstrate stress signs with physical touch?	Y	N
Does the infant demonstrate stress signs with skin-to-skin care or with certain positions, like sidelying or prone?	Y	N
D. Oral Feeding and Swallowing		
Pre-Feeding		
Is the infant intubated?	Y	N
Does the infant have a history of intubation?	Y	N
Has the infant had a tracheostomy, and/or are they ventilator dependent?	Y	N
Is the infant dependent on non-invasive respiratory support, like continuous positive airway pressure (CPAP)?	Y	N
Does the infant have a weak or an absent cry?	Y	N
Does the infant have a diagnosed upper airway abnormality (like a vocal cord paralysis) or display high-pitched, noisy breathing (stridor) at rest?	Y	N
Does the infant show interest (like hands to mouth or lip smacking) in nonnutritive sucking?	Y	N
Does the infant maintain physiologic stability during nonnutritive sucking and/or during oral immune therapy?	Y	N
Oral Feeding		
Does the infant display fluctuations in vital signs (like desaturations or heart rate decelerations), muscle tone, or color during feeding?	Y	N

Does the infant frequently need to be reawakened to feed?	Y	N
Does the infant demonstrate gulping or anterior spilling during feeding?	Y	N
Does the infant hold their breath during feeding?	Y	N
Does the infant cough or choke during feeding?	Y	N
Does the infant demonstrate noisy breathing or congestion during feeding?	Y	N
Does the infant continue to display poor feeding despite caregivers or nurses using strategies like slow-flow nipples, swaddling, and sidelying positioning?	Y	N
E. Psychosocial Factors		
Did the birthing parent receive adequate prenatal care during pregnancy?	Y	N
Do any family members or caregiver(s) express lack of confidence in parenting activities, like holding their infant, feeding their infant, or changing diapers?	Y	N
Do any family members or caregiver(s) have cognitive challenges or learning disabilities?	Y	N
Are any family members or caregiver(s) unable to participate in bonding and attachment activities, like skin-to-skin care?	Y	N

Next Steps

- Tally the "yes" responses.
- A total of **one or more "yes" answers indicates a risk for neurodevelopmental impairment**—in which case, refer the infant to speech-language pathology for further screening or evaluation.

ADDITIONAL CONSIDERATIONS

The American Academy of Pediatrics (Stark et al., 2023) and Craig and Smith (2019) provide the following neonatal therapy staffing recommendations:

Level I well newborn nursery: In-person or remote neonatal therapy consultations.

Level II special care nursery: At least one individual who is skilled in the evaluation and management of neonatal feeding and swallowing concerns.

Level III neonatal intensive care unit: A speech-language pathologist with neonatal expertise who is skilled in the evaluation and management of neonatal feeding and swallowing concerns. If swallow studies are not offered on-site at the facility, then policies and procedures are in place to facilitate neonatal transfer to a higher level of care.

Level IV neonatal intensive care unit: A speech-language pathologist with neonatal expertise who is skilled in the evaluation and management of neonatal feeding and swallowing concerns. Swallow studies are performed at this facility.

References

Stark, A. R., Pursley, D. M., Papile, L.-A., Eichenwald, E. C., Hankins, C. T., Buck, R. K., Wallace, T. J., Bondurant, P. G., & Faster, N. E. (2023). Standards for levels of neonatal care: II, III, and *IV. Pediatrics, 151*(6), Article e2023061957. https://doi.org/10.1542/peds.2023-061957

Craig, J. W., & Smith, C. R. (2020). Risk-adjusted/neuroprotective care services in the NICU: The elemental role of the neonatal therapist (OT, PT, SLP). *Journal of Perinatology, 40*(4), 549–559. https://doi.org/10.1038/s41372-020-0597-1

National Association of Neonatal Therapists. (2014). *Neonatal therapy core scope of practice.* https://neonataltherapists.com/resources/

928881