
CONFERENCE ABSTRACT

An Interdisciplinary Approach to Pediatric Feeding Using a Decision Tree

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It is estimated that approximately one in four typically developing children have feeding problems (Benjaswantep et al., 2013; Eddy et al., 2015; Korth & Rendell, 2015), and three out of four children with developmental disabilities have feeding difficulties (Korth & Rendell, 2015). The high prevalence of feeding difficulties is widely known, yet the treatment remains a specialty area of practice, in part due to the complexity of feeding. In addition to the specialized knowledge and skills required by clinicians, feeding evaluations should be conducted with an interdisciplinary approach. Ideally a feeding team would consist of the child, caregiver(s), an occupational therapist, speech and language pathologist, nurse, dietician/nutritionist, psychologist/behavior specialist, a physician, a dentist, and gastroenterologist (Marcus & Brenton, 2013); however the luxury of a team approach is often limited to large hospital networks. In the absence of a feeding team, there is a need for an evidence-based decision tree to help clinicians problem solve and apply clinical reasoning with the input from the interdisciplinary team.

Although clinicians support the use of evidence-based practice, using the latest research to guide clinical reasoning is under-utilized (McCurtin & Healy, 2017). Using an evidence based decision tree can guide the clinical process in order to make appropriate referrals and treatment recommendations. The decision tree has 4 main branches reflecting the 4 main domains of feeding concerns identified by the conceptual framework of pediatric feeding disorders; medical, nutritional, feeding skills and psychosocial (Goday et al., 2019). For the medical branch, for example, the clinical questions may include: "Does the child have reflux or a history of reflux?" Other considerations on the medical branch may include constipation, allergies, aspiration, Pediatric Autoimmune Neuropsychiatric Disorder (PANDAS), renal and liver functions, and dental pain. All of these considerations have been proven to cause feeding difficulties. Using a multidisciplinary approach and viewpoint for evaluation has been deemed critical in feeding due to a combined medical and oral motor problem in most children with feeding concerns (Rommel et al., 2003). Linked to each clinical question is the appropriate referral and/or therapeutic intervention recommended. Practitioners can use the decision tree template and then fill in the referral contact information specific to their geographical location.

The decision tree can be used in all pediatric settings including, hospitals, outpatient services, home based care, rural clinics and schools. The decision tree for pediatric feeding difficulties can only be sustainable if the tree is a working document that is to be updated on a regular basis. Treatment of a pediatric feeding disorder is critical to the emotional and social development of a child (Zucker et al., 2015). Providing clinicians with the

tools to help assess the complex nature of pediatric feeding disorders with an interdisciplinary approach will improve patient outcomes.