##### (Date)

# County Child Health Notes

Promoting early identification and partnerships between families, primary health care providers & the community.

Distributed by: (2)

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| Infant_tubefeeding12  **Gavage Tube:** placed through nose/ mouth for short-term feeding.  **Nasogastic Tube:** placed through nose for short-term feeding.  **Gastrostomy Tube:** placed surgically or by endoscopic gastrostomy (PEG) in the stomach.  **Jejunum Tube:** placed surgically into the jejunum, requires continuous feedings. | **Tube Feedings: Managing the Nutrition Issues**  To assure that children with tube feedings are growing appropriately and meeting their nutritional needs, primary care providers should work collaboratively with the family and a registered dietitian (RD). Children unable to eat adequate amounts of food and/or beverage by mouth require tube feedings to meet their individual energy and nutrient needs. Tube feedings (enteral feeding) benefit children by:   * Assuring appropriate nutritional status to support growth and development * Relieving the family’s anxiety over adequate nutrition intake for their child * Improving hydration, bowel function and administration of medication   **Reasons for Tube Feedings:**  A child may need a tube feeding to fully replace oral feedings or to supplement oral feedings. Reasons may include:   * The infant or child is unable to eat by mouth for medical reasons (e.g., prematurity, unsafe swallow, etc.) * The infant or child needs to “learn” how to eat orally (e.g., developmental or behavioral issue) * To provide supplemental feedings beyond what the child can consume daily by mouth due to: neuromuscular disorders (e.g., cerebral palsy and muscular dystrophy); disorders that affect eating and/or digestion; conditions that increase energy needs (e.g., cystic fibrosis, burns). |
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| **Things to Consider For Your Practice. Assure that:**   1. Child’s nutrition is adequately advanced for appropriate growth and development. 2. Families have adequate resources for the required tube feeding equipment and food. Provide prescriptions/letters of support as needed to WIC, state health insurance programs, and/or private insurance companies. 3. Families have regular consultation with a registered dietitian (RD). 4. Child’s growth parameters from each office appointment (length/height, weight, head circumference, and weight-for-length or body mass index {BMI}) are communicated to the RD consulting with the child and family. | |
| **How Can a Registered Dietitian Support Health Care Providers and Families?**  **RDs evaluate and monitor a child's growth, the adequacy of nutrition intake, formula tolerance and the need for food/formula changes.** In Washington State, RDs who have met specific Washington State certification criteria also use the professional title CD, for Certified Dietitian.  The **Washington State Medicaid** **Act** (Health Recovery Services Administration, formerly MAA) requires that all clients age 20 and younger must be evaluated by a CD with a current Medicaid provider number within 30 days of initiation of enteral nutrition products, and periodically (at the discretion of the CD) while receiving enteral nutrition products.  For children with **private insurance,** companies may pay for RD services. A referral from the primary care provider may be required and the RD may need to be a network provider. | |

**Suggested Schedule for Monitoring Tube Feeding by a Registered Dietitian (RD)**

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| New to tube feeding  (All ages) | 1st month: weekly contact with RD  2nd month: every 2 weeks contact with RD |
| Infants | 1st month: weekly contact with RD; 2nd month: every 2 weeks contact with RD. Then RD re-evaluate every 1-2 months for the first year based on individual child. |
| Children 1 - < 3 years | Re-evaluate every 2-3 months once weight gain and growth has been stable for 2 months |
| Children > 3 years | Re-evaluate every 6 months once weight gain and growth has been stable for 2 months |
| Adolescents | Evaluate every 1-3 months during puberty to ensure adequate energy & nutrition intake; every 6 months once weight gain and growth are stable |
| All ages | Refer to RD when a formula change is considered, if growth or feeding issues arise, or if formula feeding method changes (e.g., change from continuous to bolus feeds or to all oral feeds). |

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| **Information and Resources:**   * *Pederson AL. Enteral Feeding (Tube Feeding) and Technical Aspects of Enteral Feeding (Tube Feeding)*. In: Yang Y, Lucas B, Feucht S (eds). Nutrition interventions for Children with Special Health Care Needs. Washington State: Department of Health; 2010: 121-128;345-367. * For information about Nutrition Focus: <http://depts.washington.edu/chdd/ucedd/ctu_5/nutritionnews_5.html> * Nutrition Network for Children with Special Health Care Needs <http://depts.washington.edu/cshcnnut/index.html> |

**How to Find a Registered Dietitian or Nutrition Services in your Community**

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| Lead Family Resources Coordinator   Birth - 3 Years | (3) |
| Children with Special Health Care Needs Coordinator - Children of all ages | (4) |
| Nutrition Network for Children with Special Health Care Needs  Children of all ages | To locate a CSHCN Nutrition Network RD in your county:  <http://cshcn.org/washington-resource-lists-county>  Click on your county; scroll down to Nutrition on the referral/resource list. |
| WIC Program ; Birth to 5 Years | (5) |
| Washington State Community Feeding Teams | To learn more and/or locate a feeding team in your community:  <http://depts.washington.edu/cshcnnut/feeding/index.html> |
| Home health care agency and enteral supply company | Some of these agencies and companies have RDs on their staff or consult with an RD |

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| Special Needs Information and Resources: | | |
| Local: | (3)  (4)  (5) |  |
| Regional: | WithinReach Family Health Hotline | 1-800-322-2588, 1-800-833-6388 TTD  [www.withinreachwa.org](http://www.withinreachwa.org) |
| ParentHelp123.org | [www.ParentHelp123.org](http://www.parenthelp123.org/) |
| Early Support for Infants and Toddlers Program (formerly ITEIP) | <http://del.wa.gov/development/esit/>  Main number: (360) 725-3500 |
| Parent to Parent Support Programs of Washington | (800) 821-5927  [www.arcwa.org/parent\_to\_parent.htm](http://www.arcwa.org/parent_to_parent.htm) |
| The Center for Children with Special Needs | [www.cshcn.org](http://www.cshcn.org) |
| Washington State Medical Home | [www.medicalhome.org](http://www.medicalhome.org) |
| National/ Internet: | American Academy of Pediatrics  AAP Developmental and Behavioral Pediatrics  American Academy of Family Physicians  CDC Act Early  Family Voices (Links to national and state family support networks) | [www.aap.org](http://www.aap.org/)  [www.dbpeds.org](http://www.dbpeds.org)  [www.aafp.org](http://www.aafp.org)  [www.cdc.gov/ncbddd/actearly/index.html](http://www.cdc.gov/ncbddd/actearly/index.html)  [www.familyvoices.org](http://www.familyvoices.org) |