

Pediatric Dysphagia

Signs and Symptoms

Disruptions in swallowing may occur in any or all of the phases of swallowing—oral preparatory, oral transit, pharyngeal, and esophageal. Signs and symptoms vary based on the phase(s) affected and the child's age and developmental level. They may include the following:

- Back arching.
- **Breathing difficulties** when feeding that might be signaled by
 - increased respiratory rate;
 - changes in normal heart rate (bradycardia or tachycardia);
 - skin color change such as turning blue around the lips, nose and fingers/toes (cyanosis);
 - temporary cessation of breathing (apnea);
 - frequent stopping due to uncoordinated suck-swallow-breathe pattern; and
 - desaturation (decreasing oxygen saturation levels).
- Coughing and/or choking during or after swallowing.
- **Crying** during mealtimes.
- Decreased responsiveness during feeding.
- Difficulty chewing foods that are texturally appropriate for age (may spit out or swallow partially chewed food).
- Difficulty initiating swallowing.
- Difficulty managing secretions (including non-teething-related drooling of saliva).
- Disengagement/refusal shown by facial grimacing, facial flushing, finger splaying, or head turning away from food source.
- Frequent congestion, particularly after meals.
- Frequent respiratory illnesses.
- Gagging.
- Loss of food/liquid from the mouth when eating.
- **Noisy** or wet vocal quality during and after eating.
- Taking longer to finish meals or snacks (longer than 30 minutes).



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can be identified by anyone



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most likely a babies response, as they don't verbally communicate



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can be identified by smacking or loud chewing

- Refusing foods of certain textures or types.
- Taking only small amounts of food, overpacking the mouth, and/or pocketing foods.
- Vomiting (more than typical "spit-up" for infants).

Treatment for Toddlers and Older Children

The management of feeding and swallowing disorders in toddlers and older children may require a **multidisciplinary** approach—especially for children with complex medical conditions.

Similar to treatment for infants in the NICU, treatment for toddlers and older children takes a number of factors into consideration, including the following:

- **Readiness for oral feeding**—Toddlers and older children who are beginning to eat orally for the first time or after an extended period of non-oral feeding will need time to become comfortable in the presence of food and to explore food without experiencing physiological responses (e.g., for children with significant gastrointestinal problems).
- **Communication**—In terms of communication, SLPs can help caregivers understand emerging vocabulary related to food (e.g., names of foods and various flavors) as well as how children might be using feeding behaviors (e.g., food refusal responses) to communicate.
- **Physical conditions**—Treatment for children with conditions and disorders that affect movement (e.g., cerebral palsy or muscular dystrophy) will need to take into consideration length of time to fatigue, optimal feeding methods, and positioning to maximize safe feeding and swallowing.

Childrens, UNC. "Feeding and Swallowing Disorders." *UNC Children's Hospital*, 2019.
www.uncchildrens.org/uncmc/unc-childrens/care-treatment/feeding-and-swallowing-disorders/.

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may require several different approaches

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must be comfortable

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important to address communication, verbal and nonverbal, as the child may be too young to speak

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consider other effects that may be altered when evaluated

Feeding and Swallowing Disorders

UNC Pediatric Feeding Team

The UNC Pediatric Feeding Team is an interdisciplinary team consisting of:

- Pediatric gastroenterology physicians and nurse practitioners
- Pediatric speech pathology
- Pediatric nutrition

We treat children from birth to 18 with a variety of simple to complex feeding and swallowing problems using a medical/nutritional, motor, and behavioral approach.

Because of the complex nature of many feeding problems, we feel strongly that children with feeding and swallowing difficulty should be seen by a Feeding Team (a team of professionals with specialty training in all of the aspects of feeding and swallowing difficulties).

How do we treat feeding problems?

Your child will see the whole team at one visit

- Evaluation and treatment of medical issues that contribute to feeding problems (such as gastroesophageal reflux, constipation, motility disorders, and allergy/intolerance).
- Nutritional labs, further testing and consultation with specialty services.
- Specialized nutritional intervention including assessment and intervention for weight gain and growth



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includes multiple professionals to work together provide for diagnosis and treatment



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could be in office with all other professionals

- Oral motor therapy
- Evaluation and treatment of swallowing problems including specialized testing (modified barium swallow studies or fiberoptic endoscopic evaluation of swallowing).
- Feeding therapy for improved meal time behavior and better eating.


Common Feeding Difficulties

Feeding and swallowing difficulties come in all shapes and sizes and affect children of all ages from birth to 18. Because of our specialty training and experience with feeding, we are able to treat any kind of pediatric feeding problem. We regularly help children with the following:


- Oral motor skills development (such as improving suck or moving from sucking to chewing).
- Swallowing difficulty (also called dysphagia). We provide 2 types of swallowing tests: modified barium swallow study (MBSS) and a fiberoptic endoscopic evaluation of swallowing (FEES).
- Transition off of a G-tube or tube feeding.
- Weight gain and growth.
- Treatment for GI issues that can interfere with good eating such as gastroesophageal reflux (GER), constipation, motility disorders, eosinophilic esophagitis, and food allergy and intolerance.
- Expanding a child's diet to include more variety and types of food as well as eating the right amount of food.
- Food refusal, grazing throughout the day and poor intake.
- Making eating easier and more enjoyable for the family!

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teaching the actual phases of eating

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different places may provide different studies/evaluation

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include things to appeal to more than just patient, especially when treating kids