**Information about the Speech & Language Therapy Paediatric Dysphagia Service**

**About Us:**

The Paediatric Dysphagia Service is provided by the Speech & Language Therapy Service. We are a community team based at Breightmet Health Centre. We also provide an inpatient service to the neonatal and Children’s Ward at Royal Bolton Hospital – there is a separate referral process for these children. This document is applicable to community referrals only.

**What is dysphagia?**

Dysphagia means a physical difficulty with chewing or managing food in the mouth and / or a swallowing disorder where food or fluid particles enter the airway (or are at risk of entering the airway) while eating or drinking.

The Paediatric Dysphagia Service provides assessment and support for children with oral motor and pharyngeal dysphagia.

**Children may experience other feeding difficulties that are not related to an oral-motor or pharyngeal swallowing problem and may not be appropriate for the service.**

**Risk factors:**

Some children are at increased risk of having dysphagia:

* Children who have a neurological condition
* Children who have a syndrome
* Children who were born prematurely
* Children who have cardiac difficulties
* Children who have gastro-oesophageal reflux
* Children who have structural airway problems such as TOF (Tracheo-Oesophageal Fistula) or laryngomalacia

**Signs of swallowing difficulty / aspiration:**

* Coughing / spluttering on food or fluids
* Sounding rattly or chesty after eating or drinking or any breathing changes while eating
* Persistent wet cough, particularly after eating or drinking
* Eyes watering when eating or drinking
* Facial colour change, going pale or blue in the face or lips, or red around the eyes while eating or drinking

**Journey:**

When a child is referred due to their feeding difficulties, the referral will be triaged by a Team Leader or Clinical Lead Speech & Language Therapist. If more information is needed or if the referral is not appropriate, we will contact the referrer to let them know. Please remember we do not provide an urgent or same day service in the community. In the case of new or sudden onset swallowing difficulties in a child who is otherwise well and has no history of feeding difficulties, please seek urgent medical help.

At initial assessment, a detailed case history will be taken and the child will be observed eating and drinking. Following this advice will be given and written recommendations provided. The child may be discharged, offered PIFU (Patient Initiated Follow Up – with criteria set for the family to know what signs would indicate further review is needed) or a date for review set. Further investigations may be requested if this is required to inform management e.g. referral for videofluoroscopy or to ENT).

If a child has suspected sensory or behavioural feeding difficulties (i.e. the child can eat, has good oral-motor skills and no swallowing concerns, but has a restricted range of accepted foods), standard good practice advice should be given first from the referrer (see later in document for a further details). **These children will only be accepted for an assessment if the referrer can show that good practice advice has been given and followed for 6 months prior to the referral and has not been successful**. The purpose of the assessment will be for oral motor and pharyngeal assessment only. We do not offer longer-term support or management for children whose feeding difficulties do not have an oral-motor or pharyngeal swallowing cause.

**Referral:**

Please use the information in this document to support your decision making about referral. If you feel a referral is required, please complete the referral form.

**Weaning Difficulties:**

Many children struggle with their initial weaning onto solids. Most often, difficulties are part of an infant’s typical development and should not require a referral to SALT. During breast or bottle-feeding, infants use a forward-backward tongue motion and as they move onto solids they often continue using this suckling pattern. To manage more textured foods, the child learns to move their tongue to the sides of the mouth and push the food to the gums to be munched. It is normal to gag or even cough on lumps that are too big to be swallowed. It can take time for children to master chewing; some studies suggest that children only fully master the skill of chewing by age 2-3 years (Arvedson, 2006). Parents can be reassured that it is ok to have to adapt foods until this age for their child to manage.

Children with **developmental delay** make take longer to develop chewing skills.

The Paediatric Dysphagia Service will only accept a referral for these children where there are additional **risk factors** or **signs of swallowing difficulties / aspiration** (page 1) or where strategies have been implemented for at least 6 months with no improvement.

**Good Practice Advice for Children with Difficulty Transitioning to Solids:**

* **Reassurance**
* **Before offering lumpy / textured foods, encourage lateral tongue movements by placing the spoon to the sides of the mouth when offering spoon-fed purees.**
* **Try offering thicker purees before lumps. This develops tongue strength and range of motion without the added challenge of swallowing lumps.**
* **When offering lumpy foods, try offering foods where the lumps are the same size and consistency. Make sure they are not too big or too hard and can be squashed between the tongue and the hard palate.**
* **Try some “bite-dissolve” baby finger foods (foods that break down easily in the mouth such as baby crisps – there are several commercial brands available). Allow baby to self-feed these and encourage them to place them at the side of their mouth. This is one of the best ways to promote and encourage chewing skills.**
* **Neutral response to gagging and keep mealtimes positive.**

**Behavioural Feeding Difficulties**

The child may eat certain foods well e.g. crisps or biscuits, and they demonstrate appropriate chewing skills for these textures, but they refuse other foods. They may be over-reliant on milk. The child does not have a physical difficulty with eating but may have negative associations with eating for a variety of reasons. The child may have generalised behavioural difficulties.

The Paediatric Dysphagia Service will only accept a referral for these children where there are additional **risk factors** or **signs of swallowing difficulties / aspiration** (page 1) or where strategies have been implemented for at least 6 months with no improvement.

If a child you are working with has suspected behavioural feeding difficulties please seek advice from the Public Health Nursing team, Healthy Families Team, GP or Paediatrician. They may be best dealt with by specialists in behaviour management e.g. Clinical Psychologist if their difficulties are severe.

**Good Practice Advice for children with Behavioural Feeding Difficulties:**

* Reduce pressure on the child to eat.
* Involve the child in shopping for food and age-appropriate food preparation activities such as cooking and baking.
* Include the child in family mealtimes – for example, sit together and eat meals together
* If the child shows an interest in what is on your plate allow them to do so.
* Don’t over react if your child does eat something new – stay calm.
* Offer small portions so the child is not overwhelmed, this may mean breaking the meal into 2 or even 3 portions.
* Give at least one preferred food item at each meal.
* Offer 3 meals a day and 2 snacks per day and try to stick to a routine.
* Try to eat in a calm, relaxed manner with no television or phones
* Never force feed or coerce the child into eating
* If the child refuses to eat food offered, take it away without comment. You can still offer a pudding / dessert but don’t offer any other food until the next planned snack or mealtime.
* Do not use foods as rewards
* Get weight and growth checked by a health professional if you are worried.

**Sensory Feeding Difficulties:**

Children with a sensory-based feeding difficulty may have a restricted diet or may show avoidance behaviours when eating. Children may be **hyposensitive** where they have lower responses to taste, temperature or pressure needed to chew. They may prefer foods with increased sensory properties such as strong or spicy flavours, crunchy textures or very cold foods. They may overfill their mouths. Children may be **hypersensitive** and have an excessive response to taste or textures. The child may gag on certain textures and / or refuse certain foods / fluids. The child may hold the food in their mouth before swallowing. In addition, the child may dislike other oral experiences such as tooth brushing or face washing. The child may have other sensory difficulties such as dislike of loud noises, busy environments, dislike having dirty hands etc.

The Paediatric Dysphagia Service will only accept a referral for these children where there are additional **risk factors** or **signs of swallowing difficulties / aspiration** (page 1) or where strategies have been implemented for at least 6 months with no improvement.

**Good practice Advice for Children with Sensory feeding Difficulties**

* **Write a list of foods the child will accept and introduce foods that are similar**
* **Always provide an accepted food alongside any new foods**
* **Encourage interaction with new foods away from mealtimes. It is important to avoid any pressure to taste or eat foods during food play.**
* **Never force feed or coerce a child to eat a food**

**QUESTIONS FOR REFERRAL**

|  |  |
| --- | --- |
| **ALONGSIDE THEIR FEEDING DIFFICULTIES DOES THE CHILD…** | **YES?** |
| 1. Have persistent / chronic respiratory issues e.g. persistent wet cough, recurrent chest infections, pneumonia | Refer to SALT |
| 1. Have difficulties such as:  * gurgly / wet sounding voice or breathing during or after feeding, eating or drinking? * facial colour change e.g. going red, pale or blue during or after feeding, eating or drinking? * watery eyes during or after feeding, eating or drinking? | Refer to SALT |
| 1. Have any diagnosed muscle weakness or head & neck differences? | Refer to SALT |
| 1. Have a history of being fed by naso-gastric tube or gastrostomy? | Refer to SALT |
| 1. Have a history of prematurity? | Refer to SALT |
| 1. Have an underlying medical, neurological, congenital condition e.g.   Cerebral palsy / Down’s Syndrome? | Refer to SALT |
| 1. Is the child consistently coughing during or shortly after feeding, eating or drinking? | Refer to SALT |
| 8. Does the child have a restricted range of  accepted foods? | Referrals will only be accepted if you have also answered “yes” to any of the questions 1-7, or if strategies have been implemented for at least 6 months without any improvement. |
| 1. Is the feeding difficulty associated with fear or anxiety around eating such as fear of germs /vomiting / choking/ weight gain / altered body image? | Not for SALT – seek medical advice |

**Referral Form:**

**SPEECH AND LANGUAGE THERAPY PAEDIATRIC DYSPHAGIA SERVICE REFERRAL FORM**

***PLEASE REFER TO THE TOOLKIT TO ENSURE THE REFERRAL IS APPROPRIATE FOR SALT DYSPHAGIA SERVICE***

**PLEASE NOTE: A referral can only be accepted if ALL sections are completed and consent from the person with parental responsibility for the child is included. *INCOMPLETE FORMS WILL BE RETURNED.***

**Child’s details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child** |  | **Date of Birth** |  |
| **Address** |  | **Postcode** |  |
| **Contact Numbers** |  | | |
| **Parent/ carer name(s)** |  | | |
| **Do parents/ carers have any literacy, learning or communication needs?** | | | **Yes/ No** |
| **Languages (and dialect) spoken in the home** |  | **Interpreter needed?** | **Yes\*/ No**  *\*Interpreter Language:* |
| **GP Name** |  | **GP Address** |  |
| **Education setting** |  | | |
| **Are parents/ carers ready to engage with services to support their child’s speech, language and communication needs?** | | **Yes/ No\***  *\*If no, please provide details below* | |

**Supporting Information:**

|  |  |
| --- | --- |
| **Birth history** | *(e.g. born prematurely / birth injuries / health of baby at birth)* |
| **Early feeding history** | *(e.g. breast / bottle fed / tongue tie / reflux)* |
| **Current health and development** | *(e.g. any medical diagnoses, developmental delay, learning disability)* |
| **What food / textures does the child enjoy?** |  |
| **What food / textures does the child struggle with?** | *(include what happens when they are struggling)* |
| **Is the child following their expected growth / height trajectory?** |  |
| **Are there any signs of aspiration when the child is eating or drinking?** | *(e.g. coughing, spluttering, voice change, breathing difficulties, eye watering, facial colour change. Please specify)* |
| **Have there been any choking incidents?** | *(Please describe frequency, what happened, did the child require first aid / ambulance / hospital admission?)* |
| **Is the child having lower respiratory tract infections?** | *(Please provide dates and treatment required)* |
| **What has already been tried to support the child’s feeding skills?** |  |
| **Is the child on any regular medication?** |  |
| **Who else works with the child? Dietitian / Physio / OT?** |  |

**CONSENT FORM**

**Please note consent must be obtained from the person with parental responsibility for the child.**

**CONSENT FOR REFERRAL TO THE SPEECH AND LANGUAGE THERAPY PAEDIATRIC DYSPHAGIA SERVICE**

**As the person with parental responsibility for the child named below, I give consent for:**

* My child to be referred to the Speech and Language Therapy Service by the named person below.
* My child to access both a virtual and face to face service, depending on their presenting needs and support required during the period of care following this referral.
* The Speech and Language Therapy Service to liaise and consult with other people involved with my child, in relation to their needs.
* The Speech and Language Therapy Service to share information with other services involved with my child, in both verbal and written formats.

Verbal consent can be gained by health professionals but all other referrers need to obtain written consent for this referral to be accepted:

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Parent/ carer name:** |  |
| **Relationship to child:** |  |
| **Verbal consent** *(if health professional):* | Yes/ No |
| **Written consent** *(parent/ carer to sign):* |  |
| **Date:** |  |

**Referral made by:**

|  |  |
| --- | --- |
| **Referrer’s name:** |  |
| **Signature:** |  |
| **Job title:** |  |
| **Base/ address**  (including postcode) |  |
| **Telephone contact details:** |  |
| **Email contact details:** |  |
| **Date of referral:** |  |

**What’s next?**

**Please take a copy and send this referral form via:**

1. **Email to:** [paedcommtherapyreferrals@boltonft.nhs.uk](mailto:paedcommtherapyreferrals@boltonft.nhs.uk)

**The child’s parent/ carer will then receive a letter giving them further information regarding access to an initial appointment with the Speech and Language Therapy service.**