



Nutritional Interventions for the Medically Complex Pediatric Patient

Presented by:
Ann Priest RDN, LD, CNSC
Manager, Medical Scientific Liaison
Nestlé Health Science

April 9, 2026

Sponsor Disclosure

Financial support for this presentation is provided by Nestlé Health Science.

This presentation has been prepared by and is being presented by an employee of Nestlé Health Science. The material herein is accurate as of the date it was presented and is for educational purposes only and not a substitute for medical advice.

No endorsement of Nestlé Health Science brand or product is implied or intended by non-Nestlé organizations referenced in this presentation.

For CDR credentialed practitioners:

Funding from non-CPE revenue for CPE planning, development, review, and/or presentation has been provided by Nestlé Health Science.

Program Planner, Creator/Developer, Reviewer and Presenter-
Ann Priest, RDN, LD, CNSC, Nestlé Health Science employee/Medical Affairs

Reproduction or distribution of these materials is prohibited.

Speaker



Ann Priest RDN, LD, CNSC
Manager, Medical Scientific Liaison
Nestlé Health Science US

Objectives



Identify

Identify key components of complex care in pediatric patients



Describe

Describe stages of the medically complex pediatric journey



Explain

Explain clinical guidelines and algorithms related to nutrition and feeding challenges



Apply

Apply evidence-based nutrition interventions and feeding methods

The Medically Complex Child May Have Multiple Chronic / Complex Health Issues



Congenital Disorders

Fetal Alcohol Syndrome, Spina Bifida, Congenital Heart Disease, Down Syndrome, Cleft Lip/Palate, Edward's Syndrome



Severe Neurological Conditions

Epilepsy, Alzheimer's Disease, Stroke, Multiple Sclerosis, Parkinson's Disease, Brain Tumor



Functional Impairment

Loss of Limb, Mobility Disorder, Premature Birth, Cerebral Palsy, Severe Contractures, Anatomical Deformity



Developmental Disabilities or Delays

ADHD, Autism, Cerebral Palsy, Dyslexia, Down Syndrome

Complex Care



Impacts Daily Functioning

Affects children's abilities to participate in daily activities, necessitating tailored care solutions.



Requires Comprehensive Management

Involves a holistic approach to managing children's chronic and serious conditions, enhancing their daily functioning and quality of life.

Medically Complex Child: More than Special Needs –
ChildrenFirst

Mezzio & Mascarenhas. Curr Probl Pediatr Adolesc Health Care
2021; 51:101071

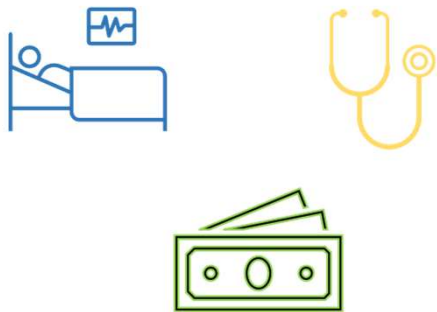
The background of the slide is a vibrant, out-of-focus image of many colorful balloons in shades of yellow, orange, red, purple, and blue, floating against a light blue sky. The balloons are of various sizes and are slightly blurred, creating a festive and cheerful atmosphere.

Poll Question #1

How often are you are caring
for children with medical
complexity?

1. Daily
2. Weekly
3. Monthly
4. Never

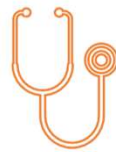
Management and Diagnosis



The amount of **healthcare** necessary to **manage and treat** the **severity** of a child's **diagnoses & functional limitations** contributes the most to the **magnitude of medical complexity** with:

- **High levels of healthcare spending**
- **Unmet healthcare needs**
- **Substandard quality of care issues**
- **Poor health outcomes**

Key Clinical Nutrition Points in Medically Complex Patient Care



Identifying key team members to help support feeding can assure a coordinated and flexible approach



Feeding and nutritional assessments should be conducted monthly for the first year of life, and at least yearly thereafter.



Energy requirements can be lower for non-ambulatory patients.



Diagnosis-specific management of feeding disorders leads to improved nutrition, fewer clinical complications, and better quality of life for patients and caregivers.

Maximizing Patient Function

Regardless of diagnosis, nutritional needs in impaired children can be adequately met only in patients who receive **comprehensive, multidisciplinary services**

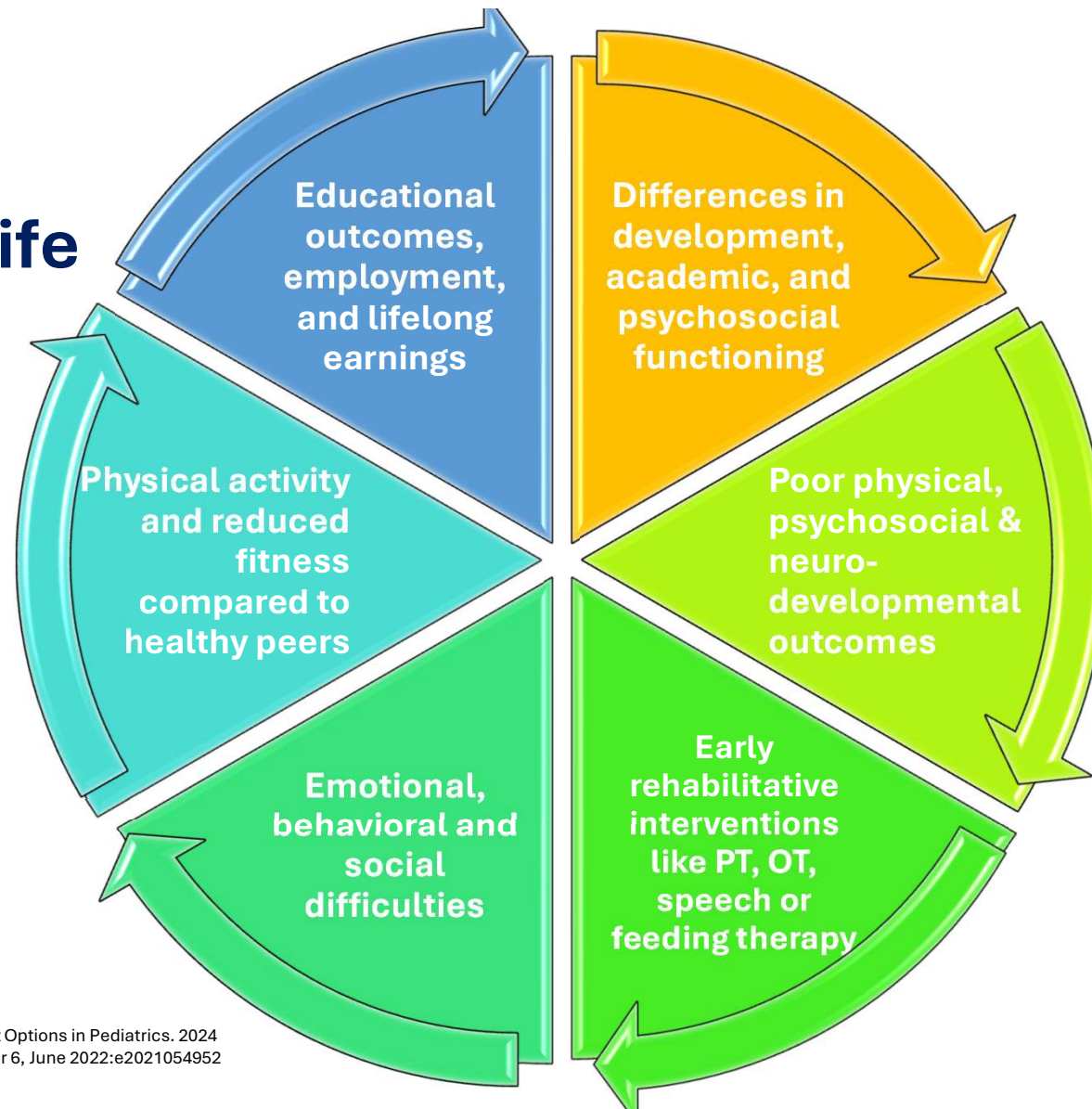


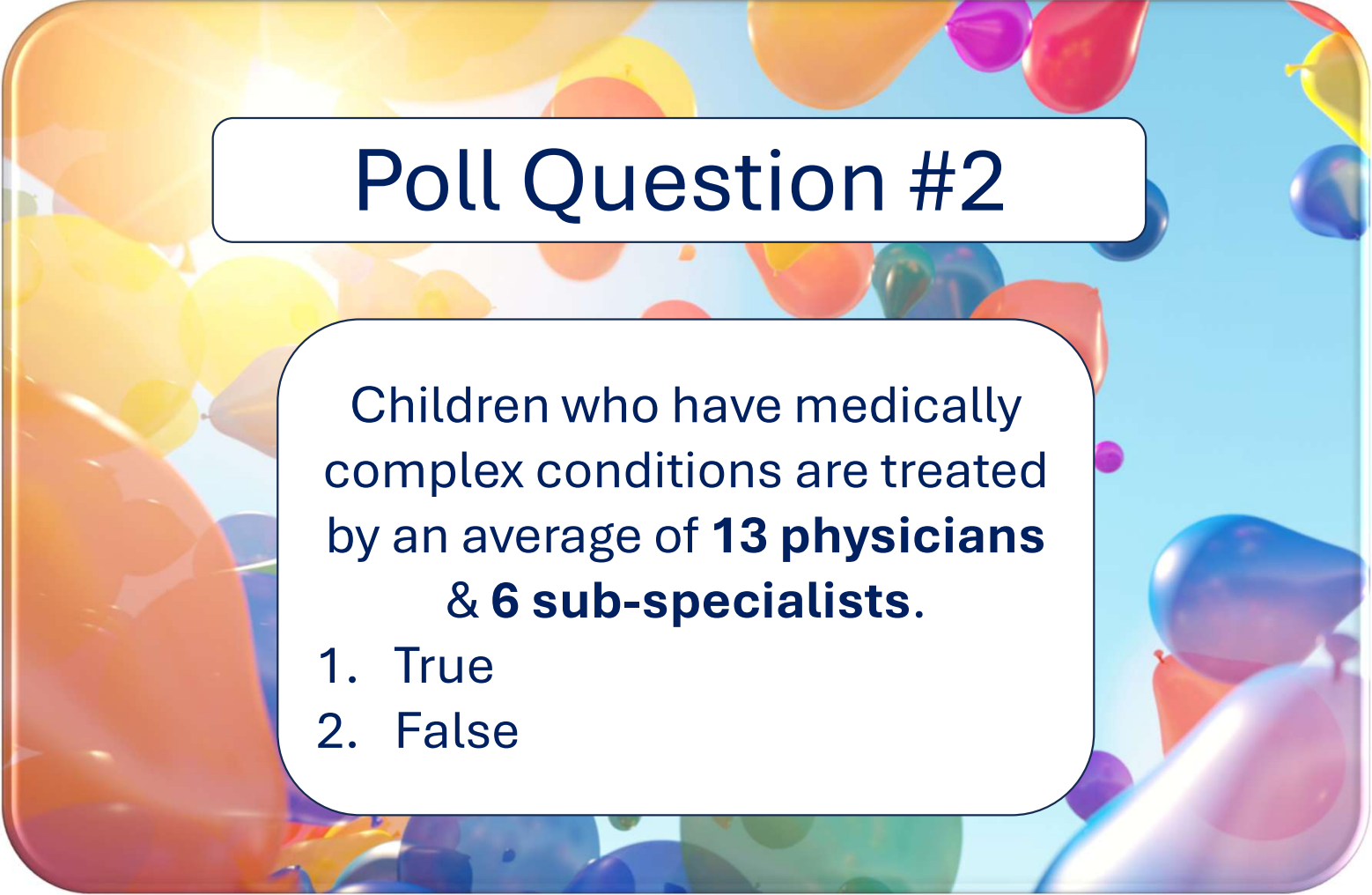
preventing complications
secondary to oral-motor
dysphagia and GER



**maximizing overall level of patient
function**

Impact on Quality & Length of Life



The background of the slide is a vibrant, out-of-focus image of many colorful balloons in shades of yellow, orange, red, purple, and blue, floating against a light blue sky. The balloons are of various sizes and are slightly blurred, creating a festive and cheerful atmosphere.

Poll Question #2

Children who have medically complex conditions are treated by an average of **13 physicians** & **6 sub-specialists**.

1. True
2. False



Parenting is a whole new world with a medically complex child.

Children who have medically complex conditions are treated by an average of **thirteen physicians & six sub-specialists!**

Transitioning Into Adulthood



The need for organized transition care for medically complex young adults is growing



~1 Million complex medical children (CMC) adolescents transition to adult healthcare each year

49% are wheelchair users

33% have moderate to severe anxiety

28% have moderate to severe depression

3.6% have a BMI within normal limits

What is Normal Feeding in Children?



Feeding requires an integration of skills—visual, tactile, fine and gross motor, and oral-motor.

This coordinated interaction requires acquisition and mastery of skills appropriate for a child's physiology and developmental stage.

Plays a key role in a child's physical growth and neurodevelopment, influencing their overall health and well-being.

Pediatric Feeding Difficulty and Disorders



Medical Needs

- Cardiorespiratory compromise
- Aspiration or recurrent aspiration pneumonitis



Nutritional Needs

- Malnutrition
- Nutrient deficiency or restricted intake resulting from decreased dietary diversity
- Reliance on enteral feeds or oral supplements



Impaired Feeding Skills

- Need for texture modification
- Use of modified feeding position or equipment
- Use of modified feeding strategies



Psychosocial Dysfunction

- Avoidance behaviors when feeding
- Inappropriate caregiver management
- Disruption of social functioning

Because of interplay between these domains, impairment in one can lead to dysfunction in any of the others.

Mezzio & Mascarenhas. Curr Probl Pediatr Adolesc Health Care 2021; 51:101071

McCarthy et al. Nutrients **2019**, 11, 236; doi:10.3390/nu11020236

Ofstedel et al. J Hum Nutr Diet. 2025;38:e13277.

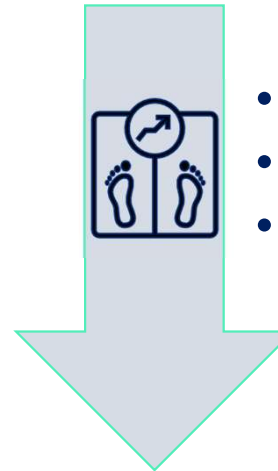
[Medically Complex Child: More than Special Needs – ChildrenFirst](#)

Feeding Difficulty and Disordered Eating Can Lead to Inadequate Intake & Malnutrition

Malnutrition is Associated With:



- Risk of infections
- Hospital length of stay (LOS)
- Healthcare costs
- Complication rates
- Readmission rates
- Mortality risk
- Behavioral problems



- Long-term growth
- Mental development
- Psychomotor development

ESPGHAN Guidelines

European Society of Pediatric Gastroenterology Hepatology and Nutrition

Romano et al. *JPGN* 2017;65: 242–264.

Best practices in nutrition for children with complex medical conditions include:

Comprehensive Assessments

- Vital for understanding each child's unique medical and dietary needs

Regular Monitoring

- Essential to track progress and make necessary adjustments to interventions

Individualized Intervention

- Ensures more effective nutritional outcomes



ESPGHAN Guidelines: Nutritional Assessment, Monitoring, and Interventions



Assessment:

- **Take a detailed dietary history, anthropometric measurements, and clinical evaluation**
 - Assess signs of malnutrition and GI complications
- **Use validated tools to assess growth parameters and nutritional status**
 - BMI-for-age and appropriate growth charts
 - Consider the child's neurological condition



Monitoring:

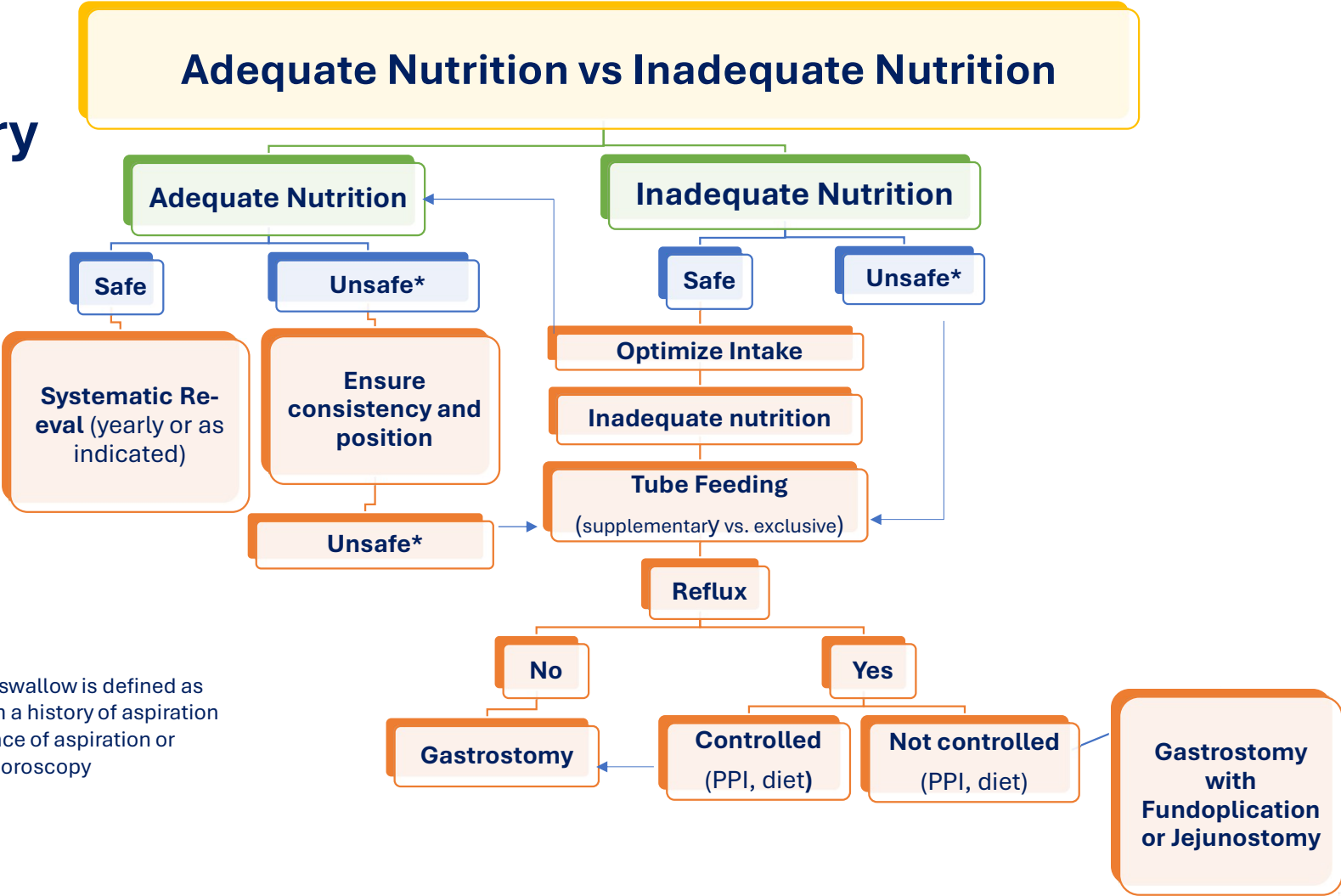
- **Do regular monitoring of growth and nutritional status**
 - Frequent reassessment to identify any changes in condition
- **Monitor for gastrointestinal symptoms:**
 - Feeding difficulties, constipation, or reflux, which may affect nutritional intake and overall health



Interventions:

- **Implement individualized dietary interventions based on the child's specific needs:**
 - May include modifications in texture, calorie density, or supplementation
- **Consider enteral feeding options if oral intake is insufficient**
 - Ensure the feeding regimen is tailored to the child's tolerance and nutritional requirements

ESPGHAN Multidisciplinary Nutritional Assessment of Child with Developmental Disabilities



***Feeding must be safe.** Unsafe swallow is defined as occurring in a child who has both a history of aspiration pneumonia and objective evidence of aspiration or penetration on contrast video fluoroscopy
PPI: Proton pump inhibitor

ESPGHAN Formula Recommendations

Standard (1.0 kcal/mL) polymeric age-appropriate formula including fiber
children > one year

High-energy density formula (1.5 kcal/ml) containing fiber
in cases of **poor volume tolerance**, provided hydration is carefully monitored

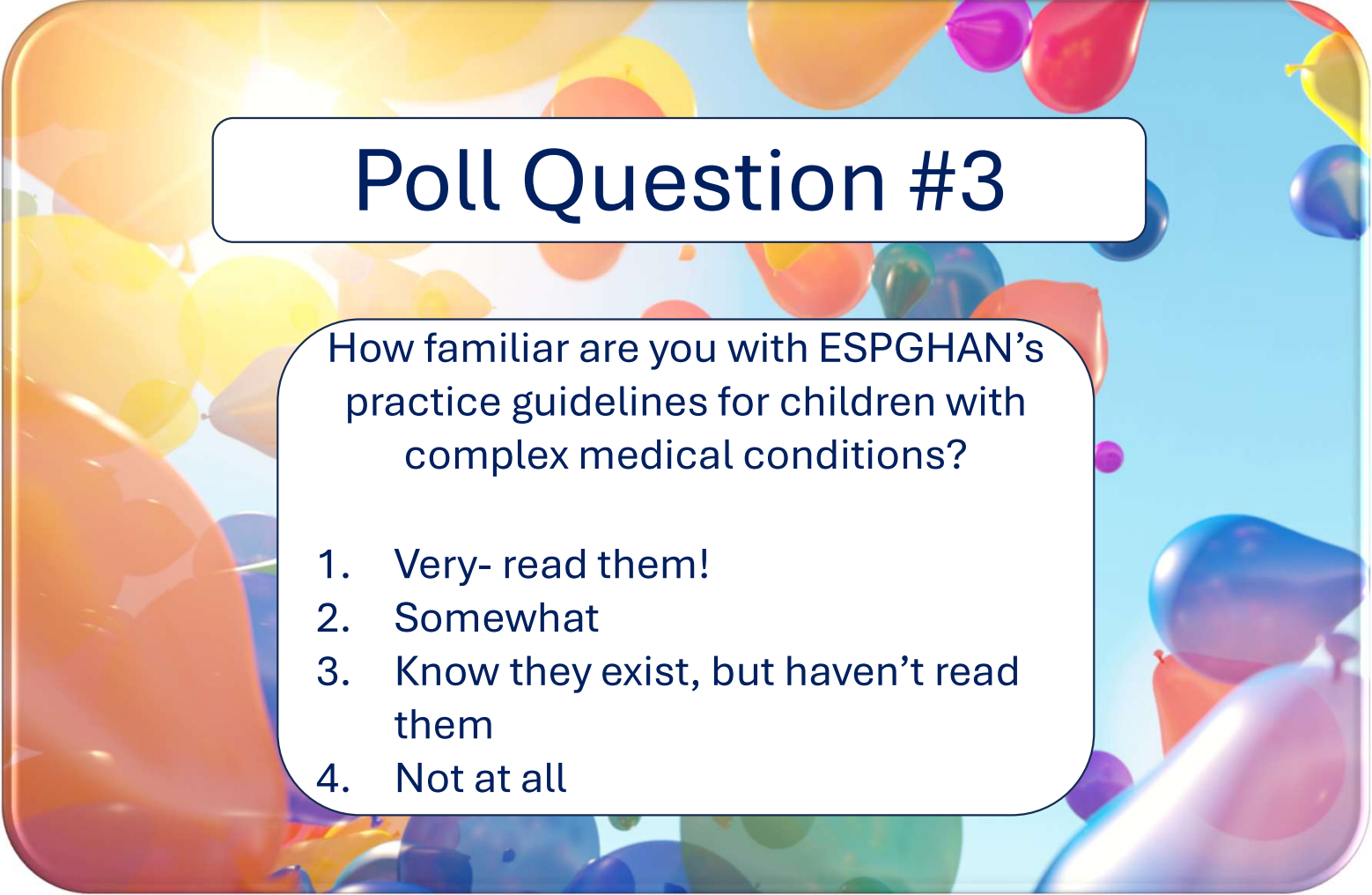
Human milk, a standard infant formula or nutrient dense infant enteral formula
as clinically indicated

Low-fat, low-calorie, high fiber, and micronutrient replete formula for the maintenance of **enteral tube feeding after nutritional rehabilitation if immobile**

Trial of whey-based formula
in cases of **gastro-esophageal reflux, gagging and retching**

Caution if pureed food is used for enteral tube feeding, because of concerns regarding nutritional adequacy and *safety

*since these guidelines were published in 2017, standards for safety and nutrition have been put into place

The background of the slide is a vibrant, out-of-focus image of many colorful balloons in shades of yellow, orange, red, purple, and blue, floating against a light blue sky. The balloons are of various sizes and are slightly blurred, creating a festive and cheerful atmosphere.

Poll Question #3

How familiar are you with ESPGHAN's practice guidelines for children with complex medical conditions?

1. Very- read them!
2. Somewhat
3. Know they exist, but haven't read them
4. Not at all



ASPEN Recommendations

American Society of Parenteral & Enteral Nutrition

Perez et al. *Nutr. Clin. Pract.* 2025

Evidence-based practice review

- **Strategies for Nutritional Interventions**

Strategic implementation of evidence-based practices leads to tailored nutritional solutions for growth and development that address specific needs of children.

- **Managing Intolerances**

Recognizing food intolerances helps in selecting appropriate foods that can be tolerated without adverse effects

- **Empowerment Through Education**

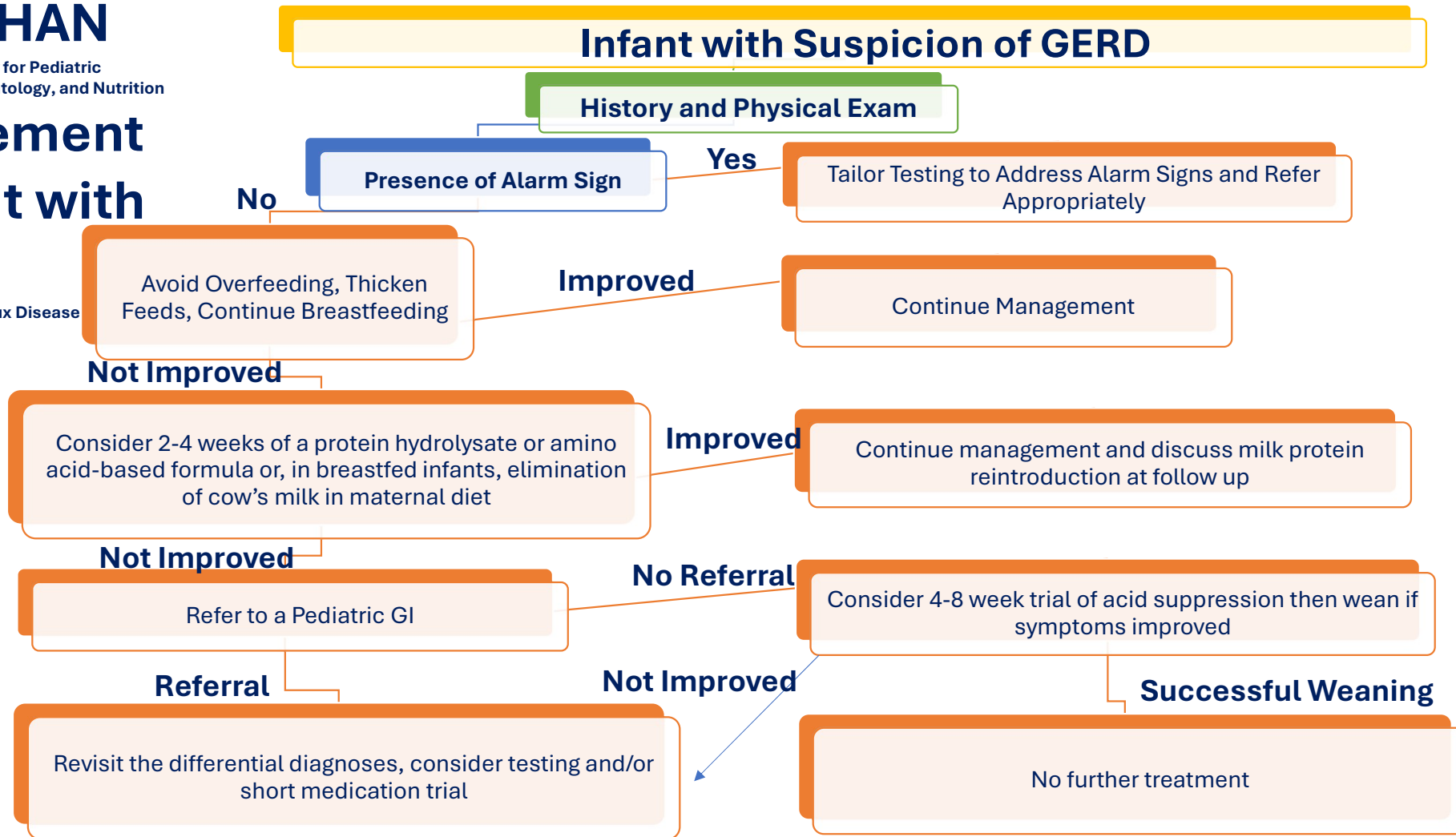
Educating caregivers empowers them with the knowledge needed to manage nutrition and make informed decisions

NASPGHAN

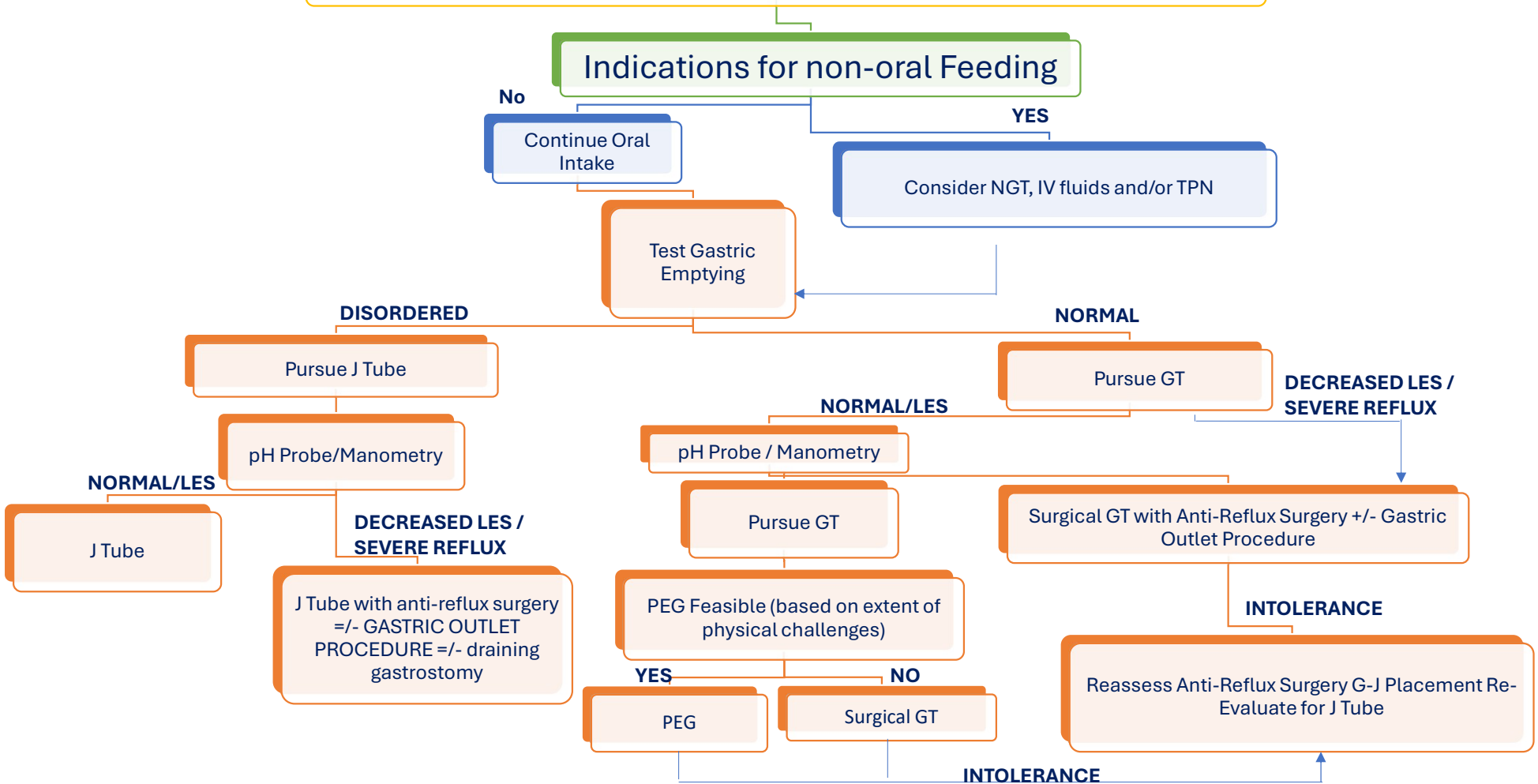
North American Society for Pediatric
Gastroenterology, Hepatology, and Nutrition

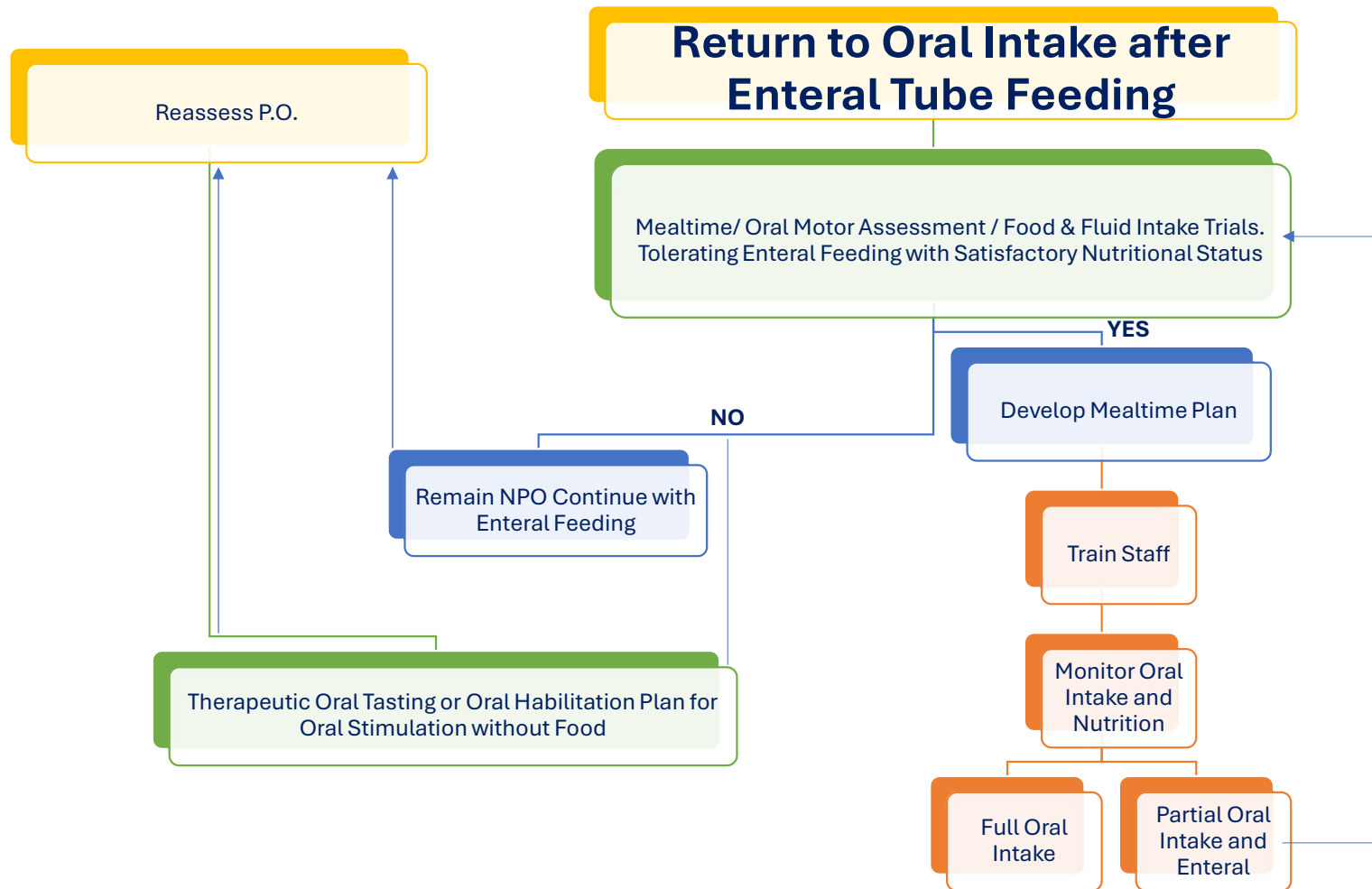
Management of Infant with GERD

Gastroesophageal Reflux Disease

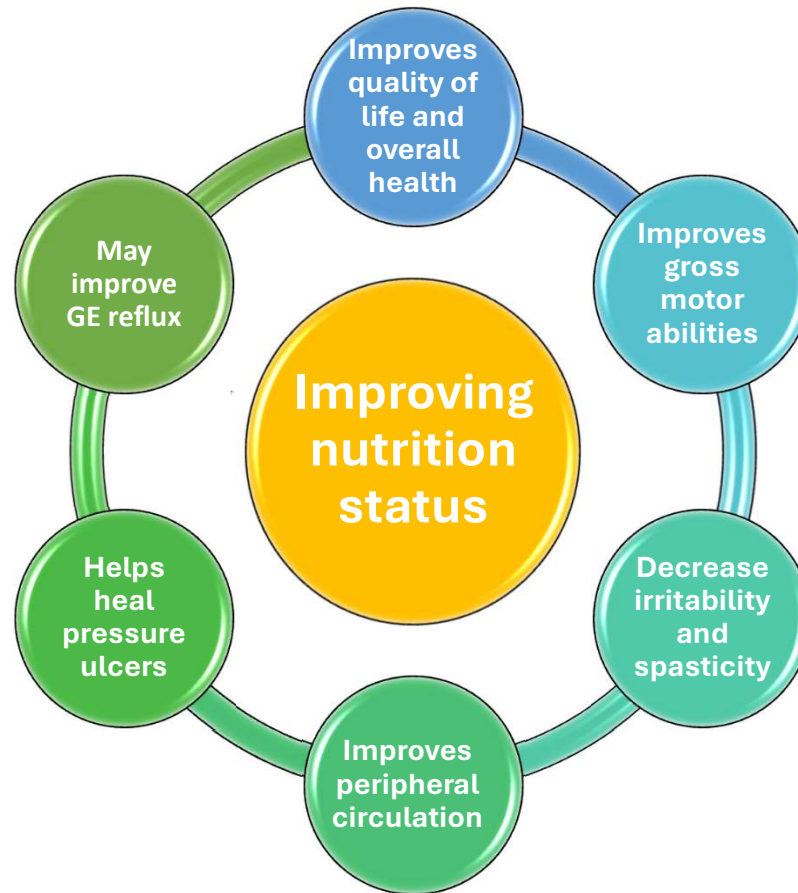


Refer for Enteral Tube Placement





Importance of Nutrition in Medically Complex Children



Campanozzi A et al. *Brain Dev* 2007; 29:25-29.

Mezzio & Mascarenhas. *Curr Probl Pediatr Adolesc Health Care* 2021; 51:101071

Determining Optimal Weight Gain and Growth is Key

Growth Charts:

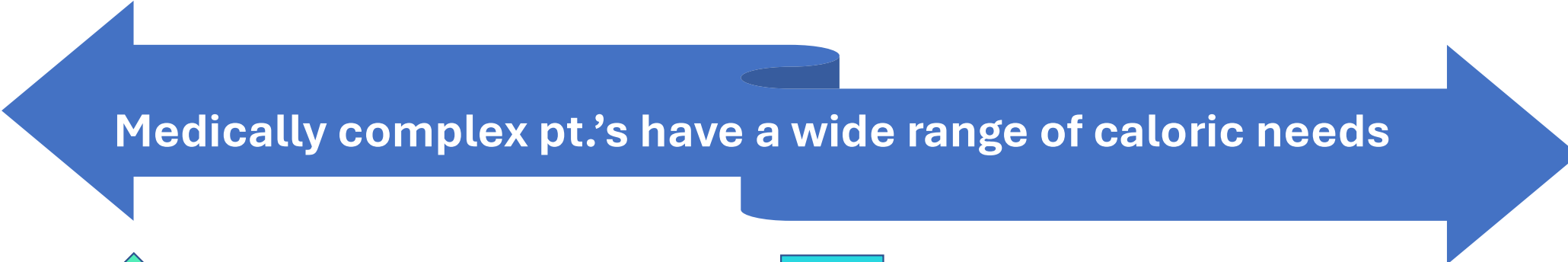
- Accurately measuring height or length of children with impaired mobility can be challenging

Alternative Methods:

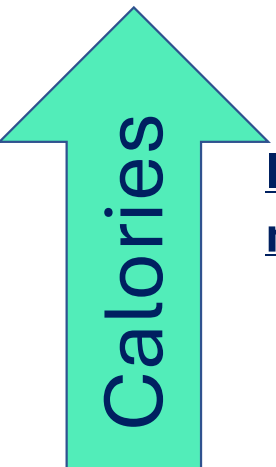
- Segmental measurements (knee height, tibial length, upper arm length), skinfold thickness , DXA (whole body dual x-ray absorptiometry), and mid-arm muscle circumference scan

Growth Charts	Population
WHO	Birth to 2 Years
CDC	2 to 20 Years
Olsen 2010	Preterm, 23-41 weeks corrected gestational age
Fenton 2013	Preterm, 22-50 weeks corrected gestational age
Cerebral Palsy	CP patients with GMFCS I-V, oral and enteral
Down Syndrome	Down Syndrome patients

Caloric Needs Affecting Growth



Medically complex pt.'s have a wide range of caloric needs



Calories

Increased caloric needs:

- increased metabolic demand related to cardiac, pulmonary, or other medical conditions



Calories

Decreased caloric needs:

- neurological impairment (NI), ventilatory support needs, and/or diminished mobility may have relatively low energy expenditure and therefore need fewer calories

Oral Motor Dysfunction Can Affect Growth

**Oral motor
dysfunction:**



Can result in:

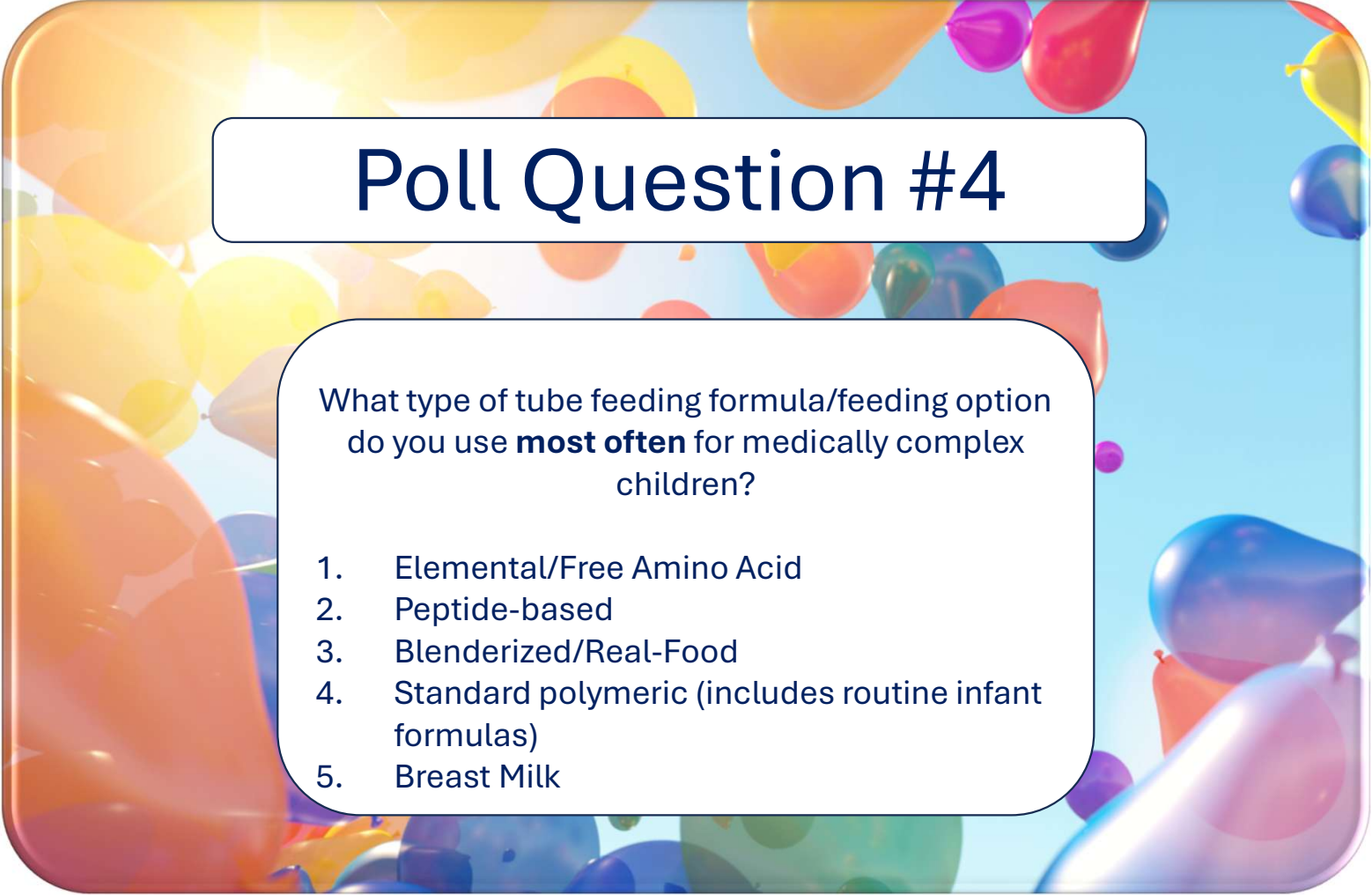
- Inadequate suction
 - Dysfunctional swallowing
 - Dental abnormalities
 - Persistent extrusion reflex
 - Inadequate lip closure
 - Reduced ability to chew
- Altered energy expenditure
 - Lower weight-for-height
 - Prolonged mealtime
 - Feeding inefficiency
 - Decreased nutrient intake/altered nutrient utilization

Optimizing Feeding and Nutrition Strategies

Many medically complex children will be unable to meet their caloric needs with exclusive oral feeding

- Commercially available formulas, given by mouth or by feeding tube, can provide supplemental or complete nutrition.
- **The right approach may involve:**
 - **Modification of oral feeding**
 - **Placement of a feeding tube**
 - **Provision of intravenous nutrition**
 - **Combination of feeding modalities**





Poll Question #4

What type of tube feeding formula/feeding option do you use **most often** for medically complex children?

1. Elemental/Free Amino Acid
2. Peptide-based
3. Blenderized/Real-Food
4. Standard polymeric (includes routine infant formulas)
5. Breast Milk

Benefits of Specialized Formulas



Targeted Nutrient Delivery

Designed to deliver specific nutrients to meet the unique health needs

Higher Caloric Density

Support children with increased energy requirements or feeding difficulties

Vitamins and Minerals

Additional vitamins and minerals essential for children facing absorption issues or specific health challenges

Benefits of Blenderized Real Food-Based Formulas for Enteral Nutrition



Health Outcomes

Can significantly improve nutritional management for children with severe neurologically impaired (NI) and improve health outcomes

- Greater volume tolerance
- Improvement in reflux
- Improvement in constipation
- Facilitates the transition from tube feeding to oral feeding

Quality of Life Improvements

Caregivers' express satisfaction

- Improvements in their child's nutrition and well-being
- Enhanced quality of life for their children since implementing blended food tube feeds
- “Normalization” of the feeding process for gastrostomy tube-fed patients

Ofstedal J Hum Nutr Diet. 2025

Soscia J et al 2021

Minor et al. J Clin Nutr Dietet. 2020;6(4):3

Henrickson A et al. J Parenter Enteral Nutr. 2023;47(S2):S218

Henrickson A et al. J Parenter Enteral Nutr. 2022;46(S1):S214.

Desai A et al. J Pediatr Gastroenterol Nutr. 2022;75(S1):S293.

Commercial, Organic, Fully Blenderized (CBTF) : Pediatric Data

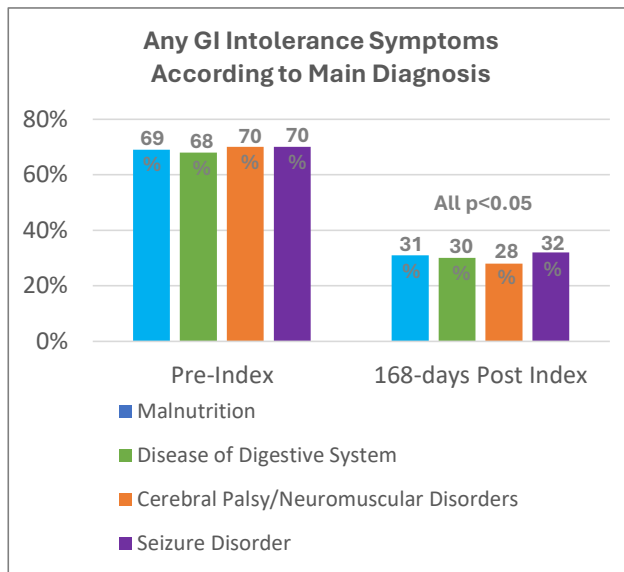


- 469 children in CBTF group
 - Mean age 5.2[3.3 years]
 - 44% female
 - All US regions
 - 59% with at least 1 comorbidity
 - Paraplegia/hemiplegia (28%), chronic pulmonary disease (28%), cerebrovascular disease (7%)



- 92% failure to thrive/malnutrition
- 92% disease of digestive system
- 42% cerebral palsy/neuromuscular disorders
- 32% seizure

GI Intolerance Symptoms



Across diagnoses, starting at 28 days post-index, significant:

- ↓ Constipation
- ↓ Nausea and vomiting
- ↓ Abdominal pain
- ↓ Diarrhea
- ↓ Flatulence
- ↓ Gagging and retching
- ↓ Abdominal distension

HCRU and Costs

Across diagnoses, starting at 28 days post-index, significant:

- ↓ % Inpatient visits
- ↓ % Outpatient visits
- ↓ % Emergency department visits
- ↓ % Other visits
- ↓ Mean number outpatient visits
- ↓ Mean number total visits
- ↓ Mean outpatient costs
- ↓ Total costs

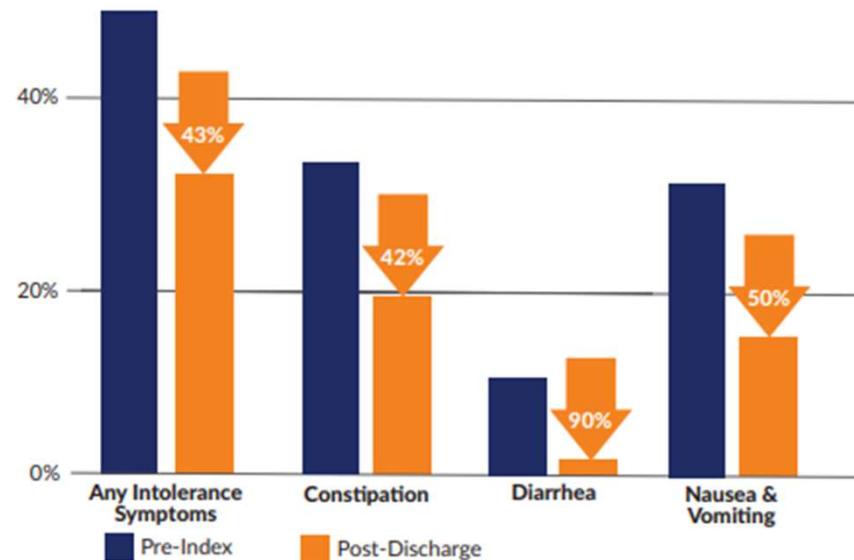
Steel et al. J Parenter Enteral Nutr. 2022;46:S74-S226.
 Henrickson A. J Parenter Enteral Nutr. 2023;47(S2):S218.
 Desai et al. J Pediatr Gastroenterol Nutr. 2022;75(S1):S293.

Financial support provided by Nestlé Health Science

*Chi Squared test (pre-index vs post-index), alpha =0.05 level of significance

Pediatric Plant and Peptide-Based Formula with Fruit & Vegetable Ingredients: Clinical Data

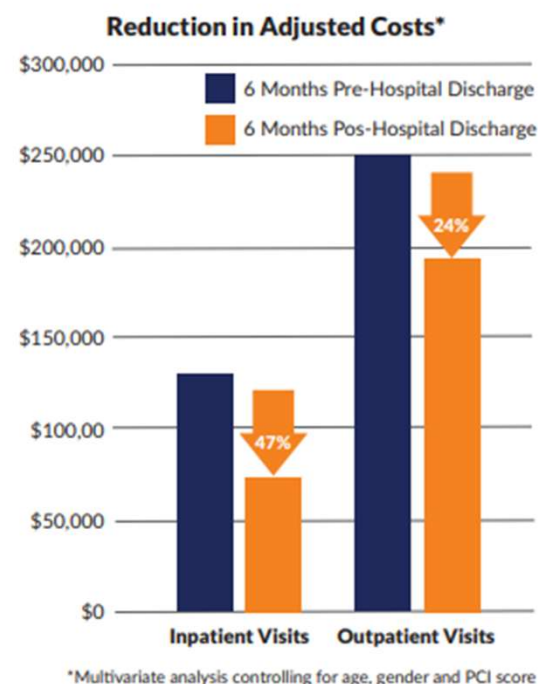
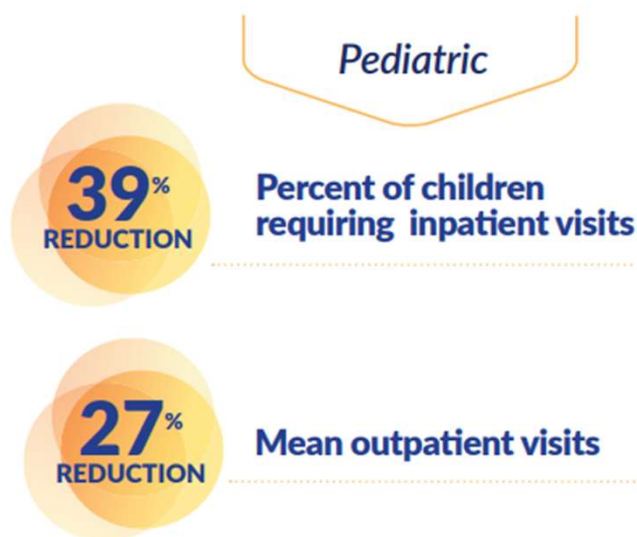
In a retrospective study of 91 children in post-acute care diagnosed with **congenital conditions, developmental delays** or **GI conditions**, children fed a pediatric plant and peptide-based formula **with fruit and vegetable ingredients** showed significant reductions in GI intolerance symptoms as early as 28-days post hospital discharge.



Improvements in GI intolerance symptoms were seen at all time points up to 168-days across multiple diagnoses as compared to the 6-month period before discharge (Pre-index)

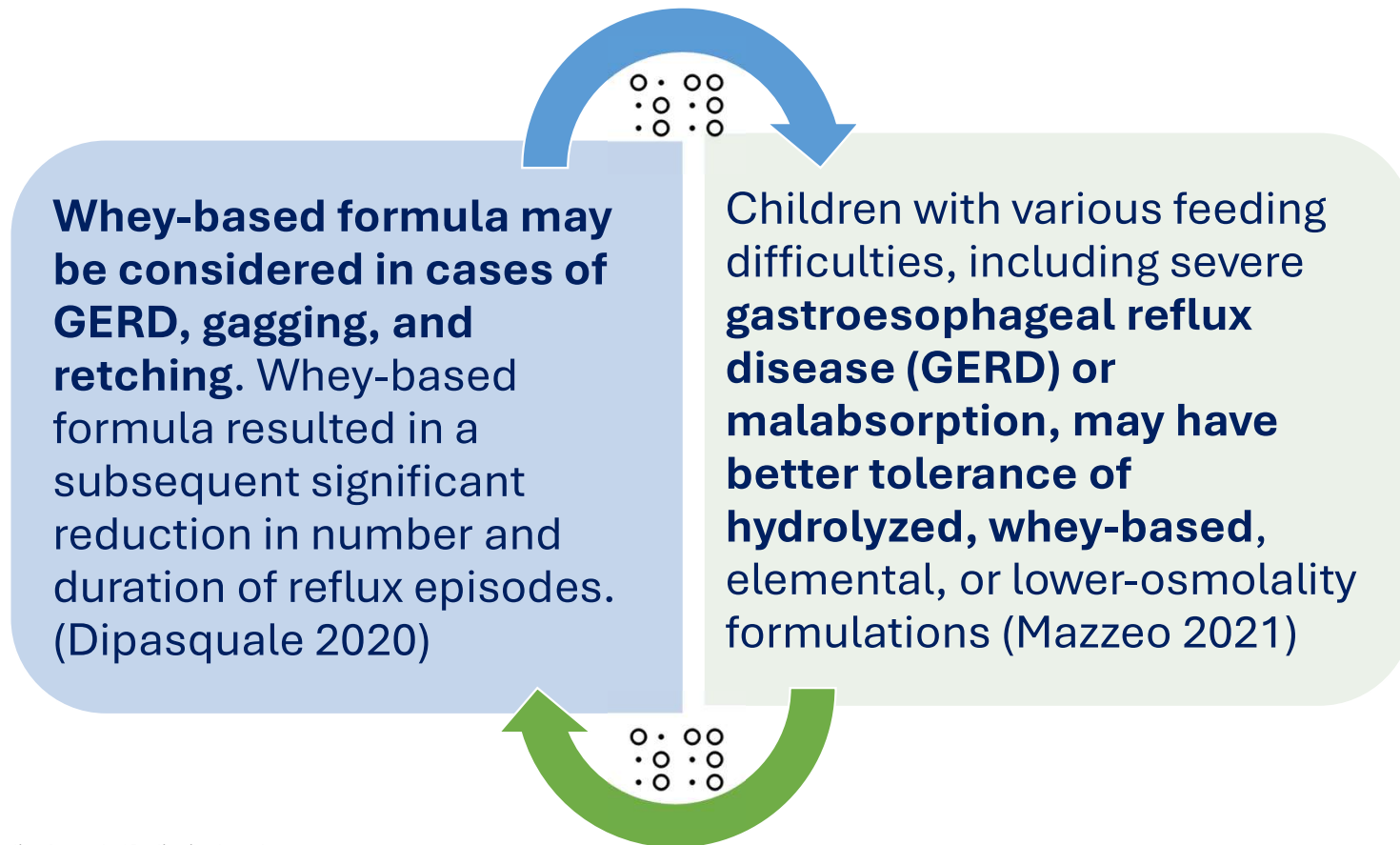
Pediatric Plant and Peptide-Based Formula with Fruit & Vegetable Ingredients: Improved HCRU

In a retrospective, observational study of 91 children in post-acute care, use of a pediatric plant and peptide-based formula with fruit and vegetable ingredients was associated with significant reductions in healthcare resource utilization and cost savings up to 6 months post-hospital discharge compared to the 6 months prior to discharge.

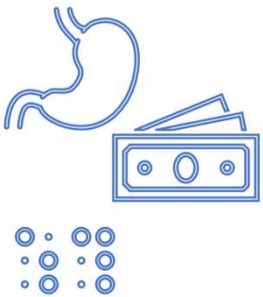


Desai A et al., Healthcare Resource Utilization and Costs Associated With a Peptide-Based Enteral Formula With Fruit and Vegetable Ingredients: Retrospective Analysis of Children and Adults in Post-Acute Care. *Value in Health*, Volume 27, Issue 6, S1(June 2024).
Financial support provided by Nestlé Health Science

Hydrolyzed Whey –Based Protein Formula



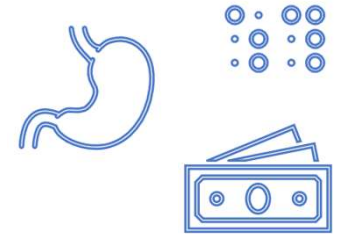
Enhancing Gastrointestinal Tolerance and Healthcare Resource Utilization in Enterally Fed Children with Cerebral Palsy



Objective

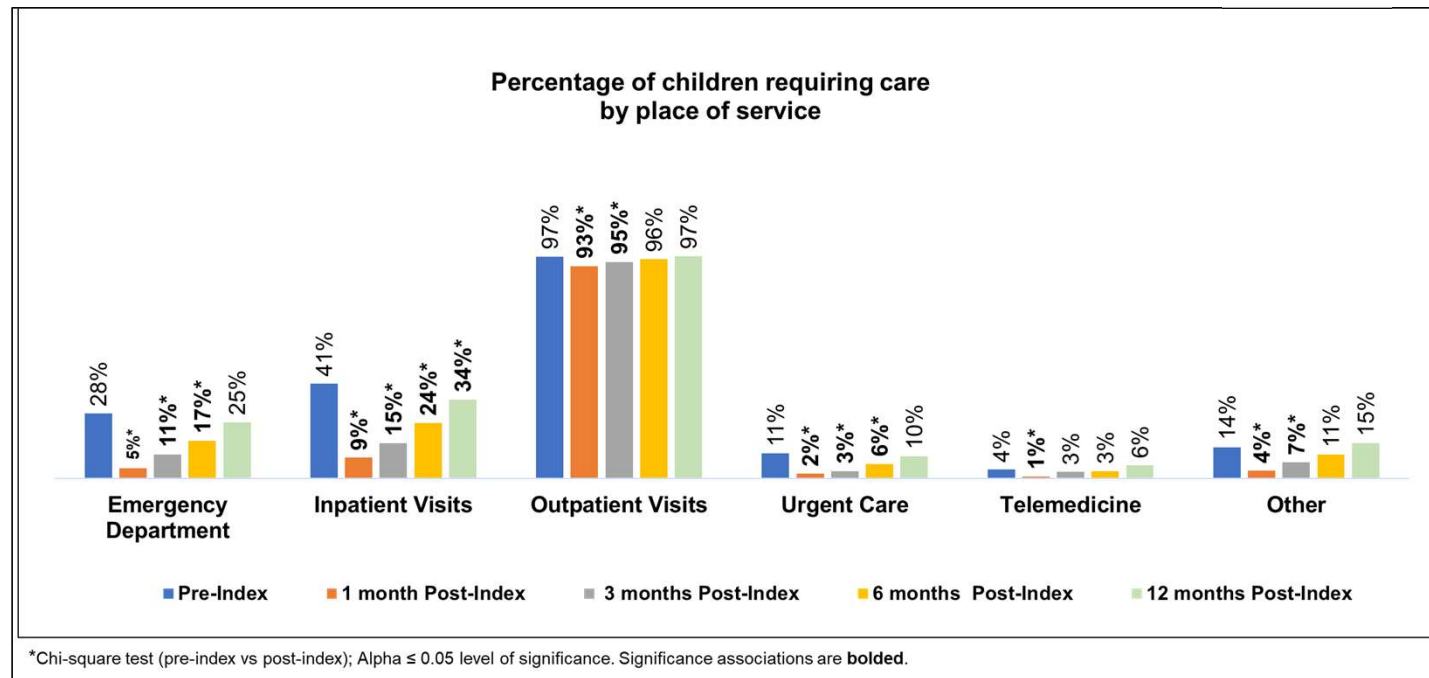
- Assess the prevalence of GI intolerance symptoms and healthcare resource utilization (HCRU) in enterally fed children with CP, prescribed a 100% whey, peptide-based EN formula in the post-acute care setting.

Results: Gastrointestinal Tolerance and Healthcare Resource Utilization



	Pre-index	Post-index (Months)		
	N (%)	N (%)	p†	% Decrease
Cerebral Palsy (N=607)				
Any intolerance symptoms	333 (55)	236 (39)	<0.001	29%
≥3 Intolerance events	98 (29)	53 (22)	<0.001	24%
Abdominal distention	55 (9)	28 (5)	0.002	44%
Abdominal pain	74 (12)	53 (9)	0.049	25%
Constipation	196 (32)	161 (27)	0.027	16%
Diarrhea	81 (13)	58 (10)	0.038	23%
Flatulence	74 (12)	38 (6)	<0.001	50%
Gagging and retching	33 (5)	28 (5)	0.511	0%
Nausea and vomiting	180 (30)	102 (17)	<0.001	43%

p† ≤ 0.05 level of significance



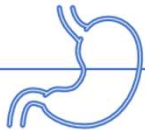
- 607 patients with CP; Mean age- 8.5 years (≥ 1 to <18 years)
- Pre-index: one year before w-PBF; Post-index: 12 months following change to w-PBF; January 2013-July 2023

Lowen C*, et al. Gastroenterology 2024;166 (5-Supplement):S1178.
Study funded by Nestlé Health Science. *Nestlé Health Science employee

Conclusion:

Use of 100% whey peptide-based pediatric formulas in children with cerebral palsy:

Well tolerated and associated with significant reductions in GI intolerance symptoms over 12 months post-index following formula initiation.



Associated with significant reductions in both inpatient visits over 12 months post-index and emergency department and urgent care visits over 6 months post – index.



Switching to a 100% Whey Peptide-based Formula Improved Symptoms of Feeding Intolerance

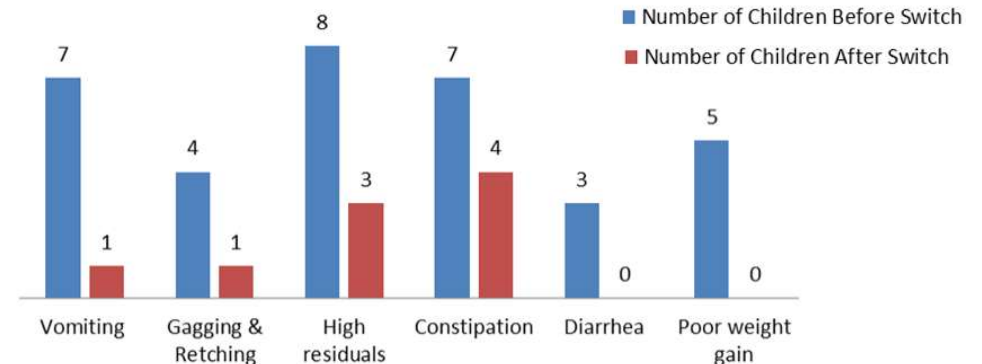
Objective

Evaluation changes in feeding tolerance after switch from intact protein-based to 100% whey peptide-based diet EN

Design

- Retrospective chart review (n=13)
- > 90% of feeding via EN
- Switched from intact protein-based to 100% whey peptide-based diet

Tolerance Parameters Changes



Results

- 86% had improvement in vomiting (6/7)
- 75% had improvement in gagging and retching (3/4)
- 63% had improvement in high residual volumes (5/8)
- 43% had a decrease in constipation (3/7)
- 100% had a decrease in diarrhea (3/3)
- 100% had **improved weight gain** (5/5)
- Reduction in medication to improve tolerance

Importance of Fiber and Fluids



Many CMC are at **high risk for constipation** due to numerous factors including **impaired mobility, tube feeding**, and the **use of certain medications**



Neurologic impairment itself can mediate **impaired GI motility** and potentiate constipation.



The management of constipation in CMC, including those with NI, does not differ substantially from that in more typically developing children. **Ensuring appropriate dietary intake of fiber and fluids is essential for maintaining regular bowel movements.**

Summary



There are many types of complex care cases in pediatric patients that require an individualized care approach



The medically complex pediatric journey can be challenging and effect quality of life and nutritional needs, even into adulthood



Clinical guidelines and algorithms related to nutrition and feeding challenges with medically complex pediatric patients can help to support optimal growth



Evidence –based nutrition interventions and feeding methods, such as blenderized tube feedings, peptide-based formulas, in addition to fluid and fiber, for complex pediatric patients have been shown to have positive clinical and economic impact

Questions?

Access Resources at:

NestleMedicalHub.com

Provide immediate feedback at:



References

- Alon L. PEDIATRICS Volume 149, number 6, June 2022:e2021054952
- Agarwal E, et al. *Clinical Nutrition*. 2013;32(5):737-745.
- Azcue MP et al. *J Pediatr* 1996;129:870-6.
- Bandini LG et al. *J Pediatr* 1995;126:828-
- Bennett et al. *Nutr. Clin Pract*. 2020;35(3):417-431.
- Berry JG . Et al. *J Pediatr*. 2015 August ; 167(2): 229–237.
- Campanozzi A et al. *Brain Dev* 2007; 29:25-29.
- Cekola P, et al.. *JPGN* 2023;77(1):S551-552.
- Chennubhotla S et al. INTELLECTUAL AND DEVELOPMENTAL DISABILITIES 2019, Vol. 57, No. 1, 14–25
- Demianczyk AC et al. Current Treatment Options in Pediatrics. 2024
- Desai et al. *JPGN* 2022;75(S1):S293
- Desai A et al., *Value in Health* 2024; Volume 27, Issue 6, S1.
- Goday PS et al. *JPGN* 2019;68: 124–129
- [Health Care Programs and Services - Opportunities for Improving Programs and Services for Children with Disabilities - NCBI Bookshelf](#) (accessed 4.2025)
- *Henrikson A et al. JPEN*. 2022 Mar;46(S1): S162-S163.
- *Henrikson A et al. JPEN*. 2023;47(S2):S218.
- *Hooker E. et al. Health Care Transitions* 2023; 1: 100005
- *Lowen C et al. JPGN* 2024
- McCarthy et al. *Nutrients* **2019**, 11, 236; doi:10.3390/nu11020236
- [Medically Complex Child: More than Special Needs – ChildrenFirst](#) (accessed 4.2025)
- Mezzeo & Mascerenhas. *Curr Probl Pediatr Adolesc Health Care* 2021; 51:101071
- Mehta NM, Corkins MR, Lyman B, et al.. *Journal of Parenteral and Enteral Nutrition* 2013;37:460-81
- Minor G, et al. *Glob Pediatric Health* 2016.
- **Minor et al. 2023**
- Oftedel et al. *J Hum Nutr Diet*. 2025;38:e13277
- Perez et al. *Nutr. Clin. Pract*. 2025;40:54–63
- Romano Et Al. *JPGN* 2017;65: 242–264
- **Rosen et al. JPGN 2018;66: 516–554**
- Ross E...2017 <http://dx.doi.org/10.1016/B978-0-08-100168-4.00009-4>
- Schwartz S. et al. *Infants and Young Children* 2003 Vol. 16, No. 4, pp. 317–330.
- Sharawat IK et al. *Eur J Pediatr*. 2023 May;182(5):2433-2441.
- Simpson Clinical Case Report *JPN* 2021;9(10):e04887. doi: 10.1002/ccr3.4887
- Soscia J et al 2021
- Steel et al. *J Parenter Enteral Nutr*. 2022;46:S74-S226.

Medically
Complex
Pediatric Care
Resources

Transitioning from Pediatric to Adult Health Care

National Alliance to Advance Adolescent Health has a youth-friendly website www.gottransition.org to educate all transition-age youth, their families, & physicians on transitioning from pediatric to adult health care

Got Transition aims to help youth and young adults move from pediatric to adult health care.

**Six Core
Elements™**
(For Clinicians)

**Youth & Young
Adults**
(FAQs & Resources)

**Parents &
Caregivers**
(FAQs & Resources)

**Resources &
Research**
(By Category)

Resource: The Blenderized Tube Feeding Recipe Builder

Get help building your own blenderized recipes from scratch for children & adults.

NUTRITIONALLY COMPLETE HOME BLENDERIZED RECIPES

BASED ON SPECIFIC NEEDS AND PREFERENCES

GENERATE AND SAVE RECIPES, MEAL PLANS AND MORE

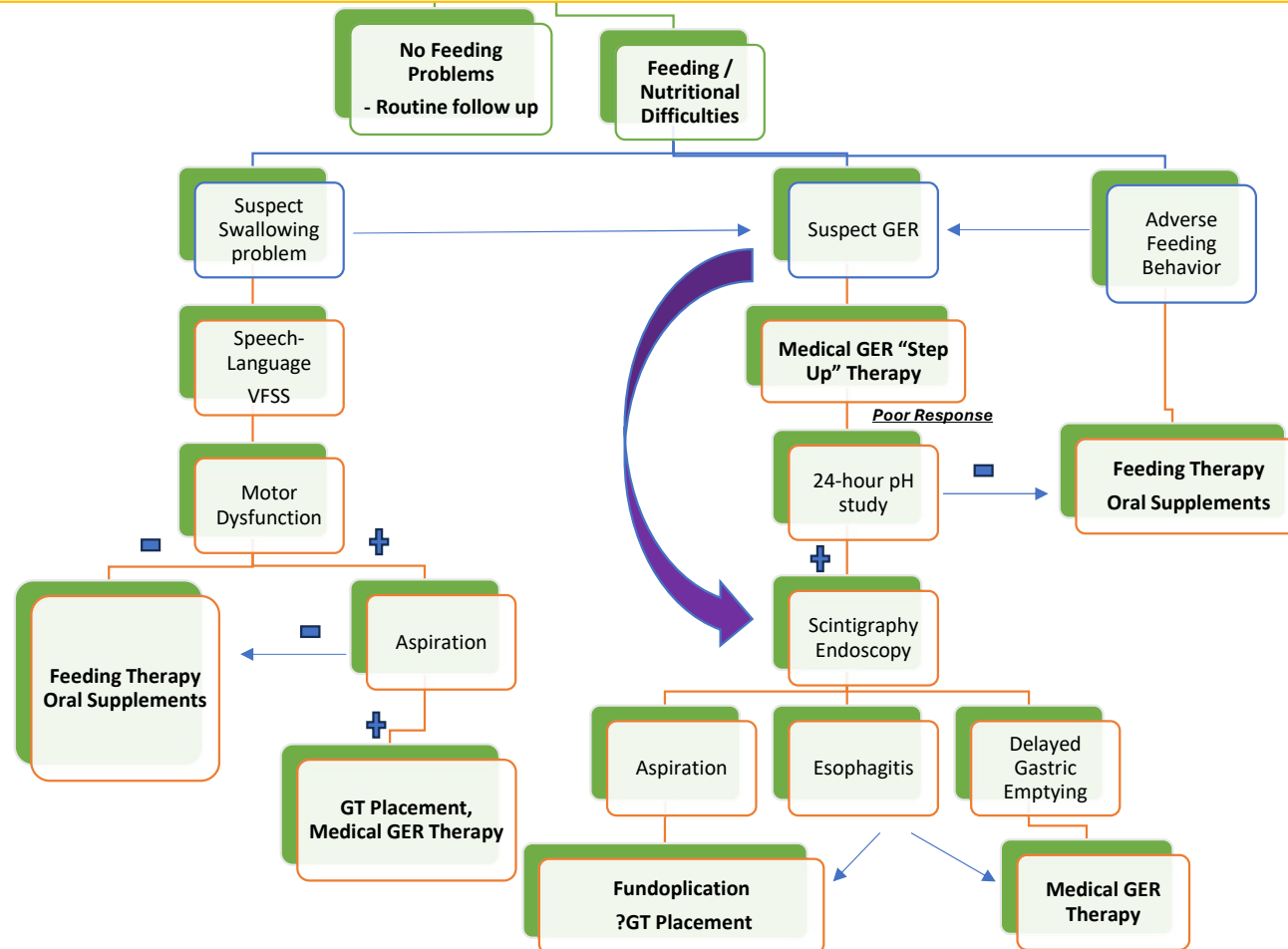
**DEVELOPED IN COLLABORATION WITH
CHILDREN'S HOSPITAL OF PHILADELPHIA**

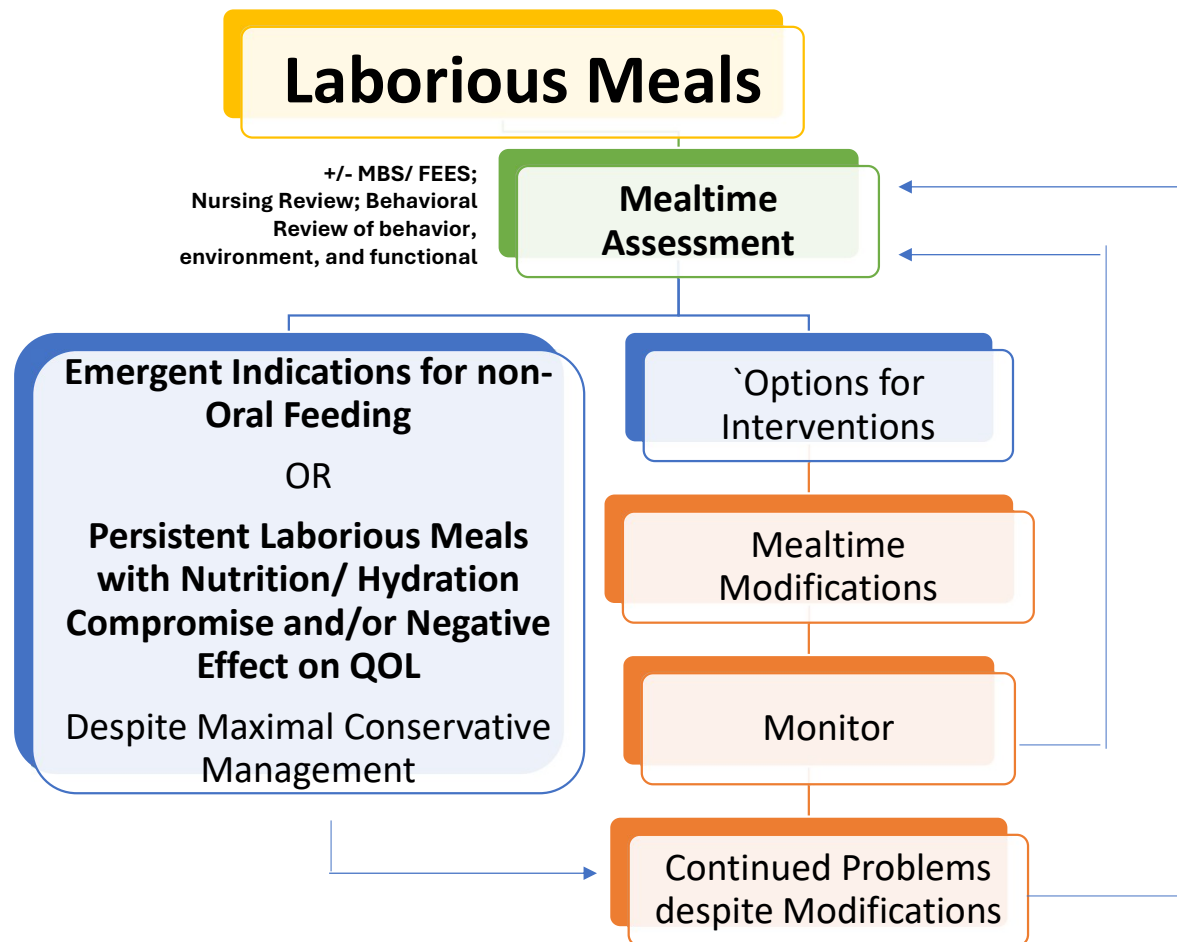


<https://www.nestlemedicalhub.com/recipe-builder>

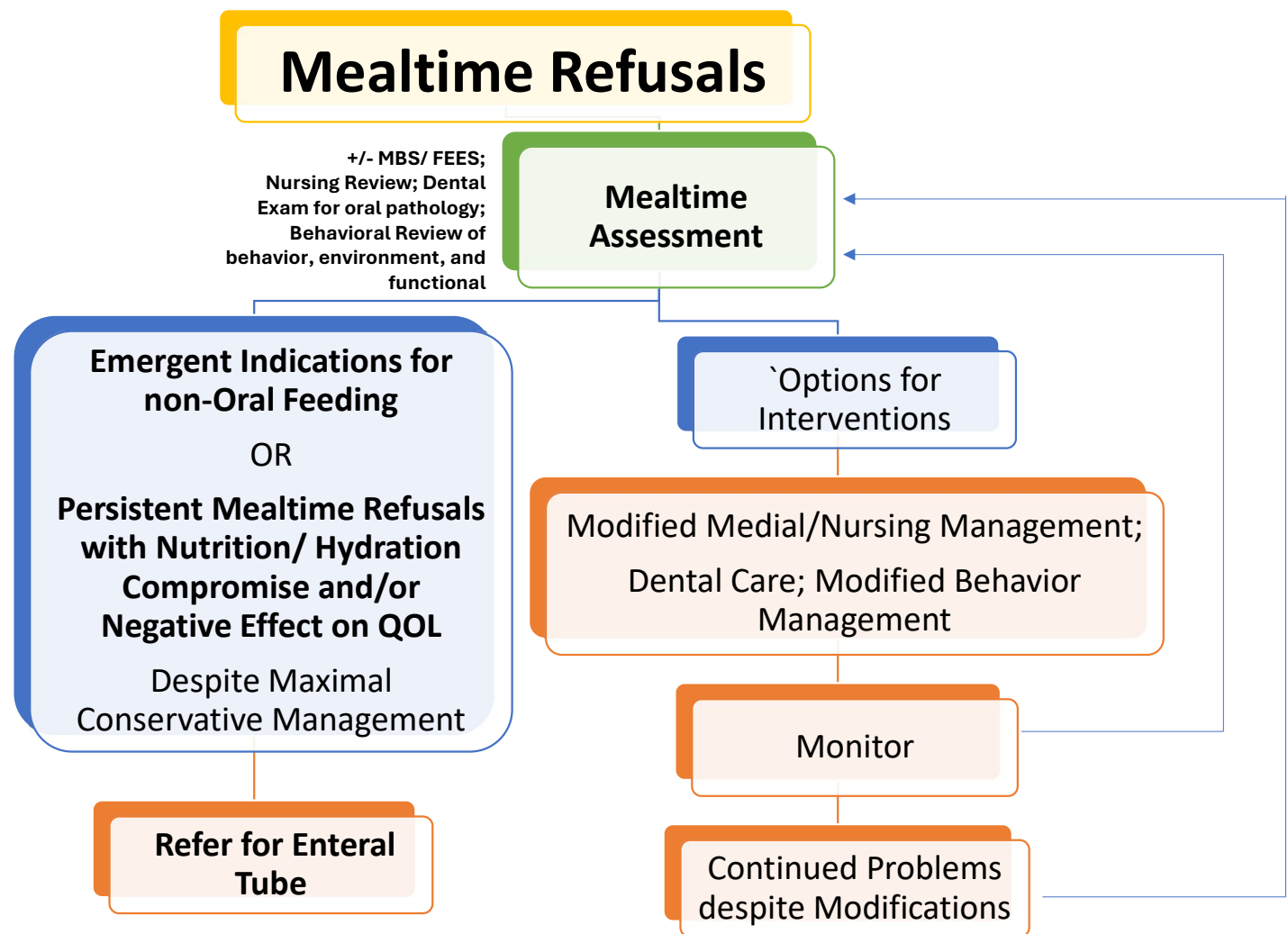
The Blenderized Tube Feeding (BTF) Recipe Builder is powered by the Blenderized Diet Recipe Calculator. The Blenderized Diet Recipe Calculator was created by Robin Cook, pediatric surgery/trauma dietitian at Children's Hospital of Philadelphia. Hosted on an easy-to-use website, developed in collaboration with Nestlé Health Science, the BTF Recipe Builder allows healthcare professionals, patients, and caregivers easy access to this new tool. The BTF Recipe Builder is intended to be used under the medical supervision of a healthcare provider.

Assessment of Feeding Difficulties in CMC with Developmental Disabilities





- ❖ In patients with limited ability to communicate, a pattern of refusing meals is an important sign that they may be having difficulty with their nutritional support.
- ❖ Problems surrounding mealtimes include difficulty with the mechanisms of feeding as well as medical complications including aspiration and gastrointestinal dysmotility



Dysphagia

Clinical assessment of swallowing function

SLP + VFSS

Determine risks for Aspiration or Penetration

Evaluate feeding positions, nipple or other delivery systems, and consistencies of liquid or food

Develop Safe Feeding plan

Monitor

SLP = Speech Language Pathologist
VFSS = video fluoroscopic swallow study

