

PEDIATRIC DYSPHAGIA

Feeding and Swallowing Problems are Usually a Parent's Greatest Concern

Subtle Indicators of Dysphagia

- Difficulty sucking
- Fatigue with feedings
- Lengthy feedings
- Food or liquid refusal
- Spitting-up or vomiting frequently
- Liquid/food coming out nose

Strong Indicators of Dysphagia

- Parent/Caregiver concern
- Difficulty coordinating swallowing with respiration
- Congestion during and/or after feedings
- Color or state changes during feeding
- Frequent or lengthy colds and congestion
- Weight loss or failure to thrive
- Choking, coughing, sneezing or gagging during meals



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**97% of children
who aspirate
are SILENT aspirators**

Gastroesophageal Reflux

Clinical diagnosis of reflux may be difficult because some children reflux internally and show no obvious indicators. In addition to medical complications, reflux can interfere with typical feeding development. Oral sensori-motor complications seen in children with reflux may include refusal to eat, difficulty transitioning to textured foods, swallowing food whole or oral sensitivities. Children with reflux are frequently described as "picky" eaters and need feeding therapy to facilitate normal development and reduce additional complications.

Thickening Liquids

When recommending the use of rice cereal to thicken formula, try pre-blending the cereal before adding to the formula. This should eliminate the tendency to cut holes in bottle nipples. Cutting holes in nipples can increase aspiration risks and interfere with typical oral motor development needed for later feeding and speech skills.

RED FLAGS

Children just don't "outgrow it"

- Decreased oral exploration
- Oral sensitivities
- Refusal to advance textures
- Swallowing foods whole
- "Chewing" with lips closed
- Identifiable food found in diaper/spit up

**Early
Identification
and
Treatment Can:**

- Reduce time in therapy
- Reduce costs
- Reduce additional complications
- Decrease family and physician stress
- Decrease behavioral component
- Reduce the potential for additional costly medical procedures.

Typical Development

| Ages | What They Should Be Eating | Oral Motor Development |
|-----------|---|--|
| 0-4 mos | Breast or Bottle Exclusively | Rooting reflex. Rhythmical suckling (1-2 sucks per swallow). Easy breathing. No choking. |
| 4-6 mos | Cereal Stage 1 Baby Foods | Opens mouth for spoon. Spoon placed easily in mouth. Emerging top lip to clean spoon. |
| 6-8 mos | Teething Biscuits Dissolvable Soft Crackers | Emerging tongue lateralization for "munching" soft textures. |
| 9-12 mos | Soft Finger Foods Beginning Cup Drinking | Lateral tongue movements for chewing with lips open. Does not gag with textured puree. |
| 12-18 mos | Experimenting with Variety of Textures and Tastes | Drinks well from open cup. Bites through soft solids. Able to chew easy solids. |
| By 18 mos | Most Table Foods | Rotary jaw movements with chewing. No gagging or choking. |
| 24 mos | Most Table Foods | Holds cup between lips. No gagging or choking with meals. Tolerates most foods. |

Sensori-Motor Activities

- Provide floor & tummy play for babies and children
- Encourage babies and children to mouth-safe toys/objects
- Experiment with age-appropriate food textures
- Have the child finger paint with pudding or yogurt
- Have the child get messy during mealtimes