

Upcoming Pediatric Grand Rounds Virtually via Zoom

- Jun 10 Dr. Lawrence Richer
Precision Health - what does this mean for pediatrics?
- Jun 17 Dr. Asa Rahimi; Dr. Rebekah Baumann – Resident Presentation
It's Never Lupus....Except When It Is
- Jun 24 Dr. Andrew Mackie
Transition from Pediatric to adult Congenital heart disease
- July&August PGR Discontinued**

The University of Alberta Pediatric Grand Rounds is a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

Please visit our website for upcoming presentations: www.pediatrics.ualberta.ca



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Pediatrics

Pediatric Eating And Swallowing (PEAS) Provincial Project

Introducing what PEAS can do
for you and your patients



Objectives

- To introduce the PEAS project
- To define pediatric feeding disorder and the scope of the problem
- To demonstrate the resources that will be helpful to you and your patients with PFD



Dr. Justine Turner

Pediatric GI, Stollery

PEAS Project Scope

The Pediatric Eating And Swallowing (PEAS) Project is a provincial **quality improvement** initiative with the purpose of developing a provincial eating, feeding, and swallowing **clinical pathway** to standardize and improve care for children with a **pediatric feeding disorder**.¹

Target population: Patients receiving care from provincial Outpatient Clinics, Home Care, or Community Rehabilitation

¹ Goday PS et al. *Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework*. J Pediatr Gastroenterol Nutr. 2019 Jan;68(1):124-129.

World Cafés

- Northern & Southern Alberta (Fall 2018)
- ~180 participants:
 - Multidisciplinary Providers
 - Family members
 - Rural and Urban
- ~1300 comments on the barriers & facilitators to care



Sample Feedback from World Cafes (Fall 2018)

“Transitions -
who makes the
next decision
about care?”

“Families are
frustrated and
receive different
messages.”

“The **emotional piece**
for parents needs to be
better acknowledged and
supported.”

“We lack
common **goals**
and a common
purpose.”

“Lack **multidisciplinary**
visits to see the big picture,
usually there isn't a ‘team.’”

“Certain disciplines carve
out their areas and can
create **systemic issues**
and historical roles within
a site or service.”

“**Getting ‘in the door’ is**
challenging. We don't
know who to contact and
the family doctor doesn't
necessarily know what to
do. It's very confusing for
parents.”

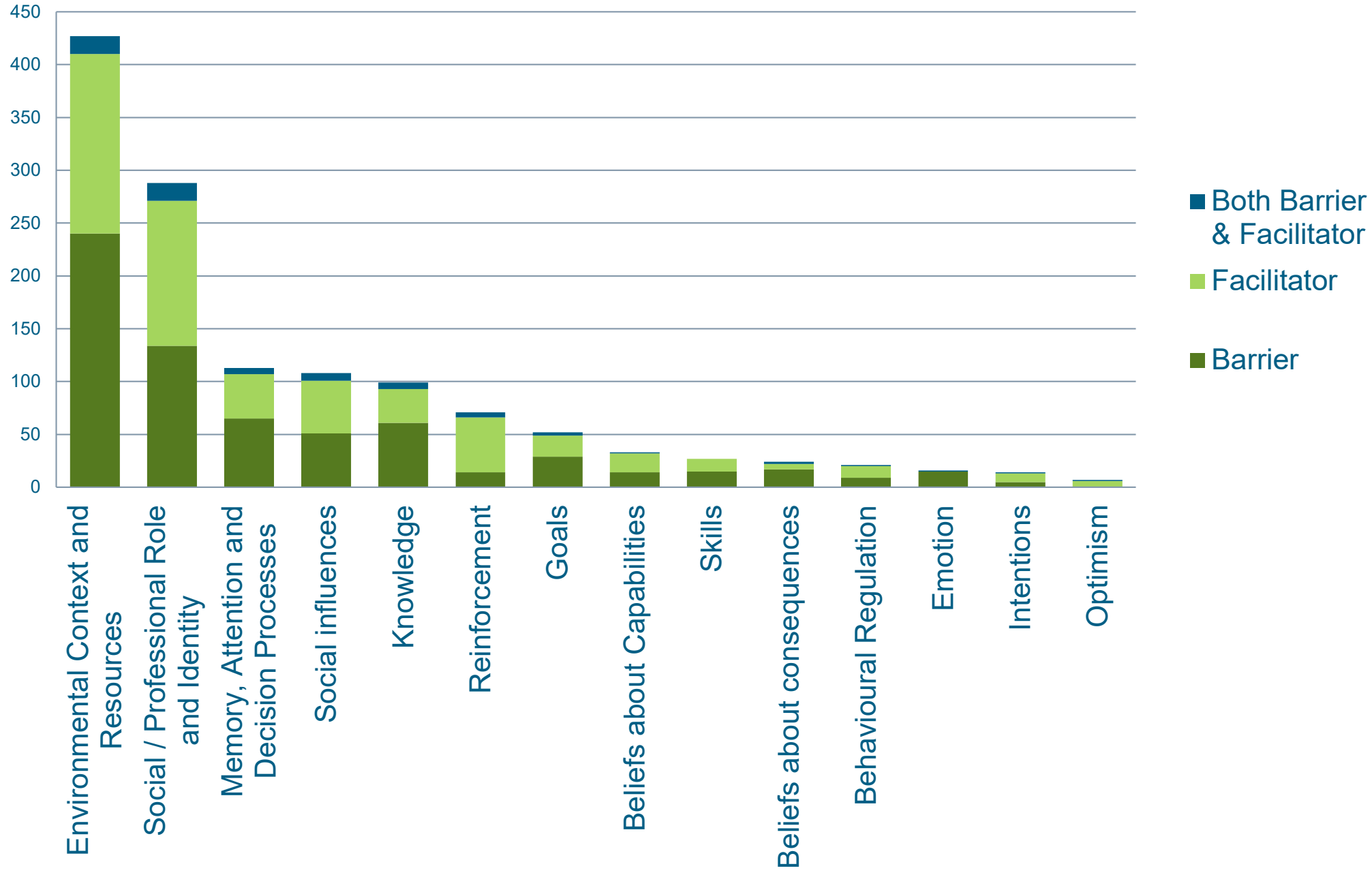
“Gaps in **clinical**
knowledge
which is an issue
internationally.”

“We need **role**
clarity and
education for
service providers”

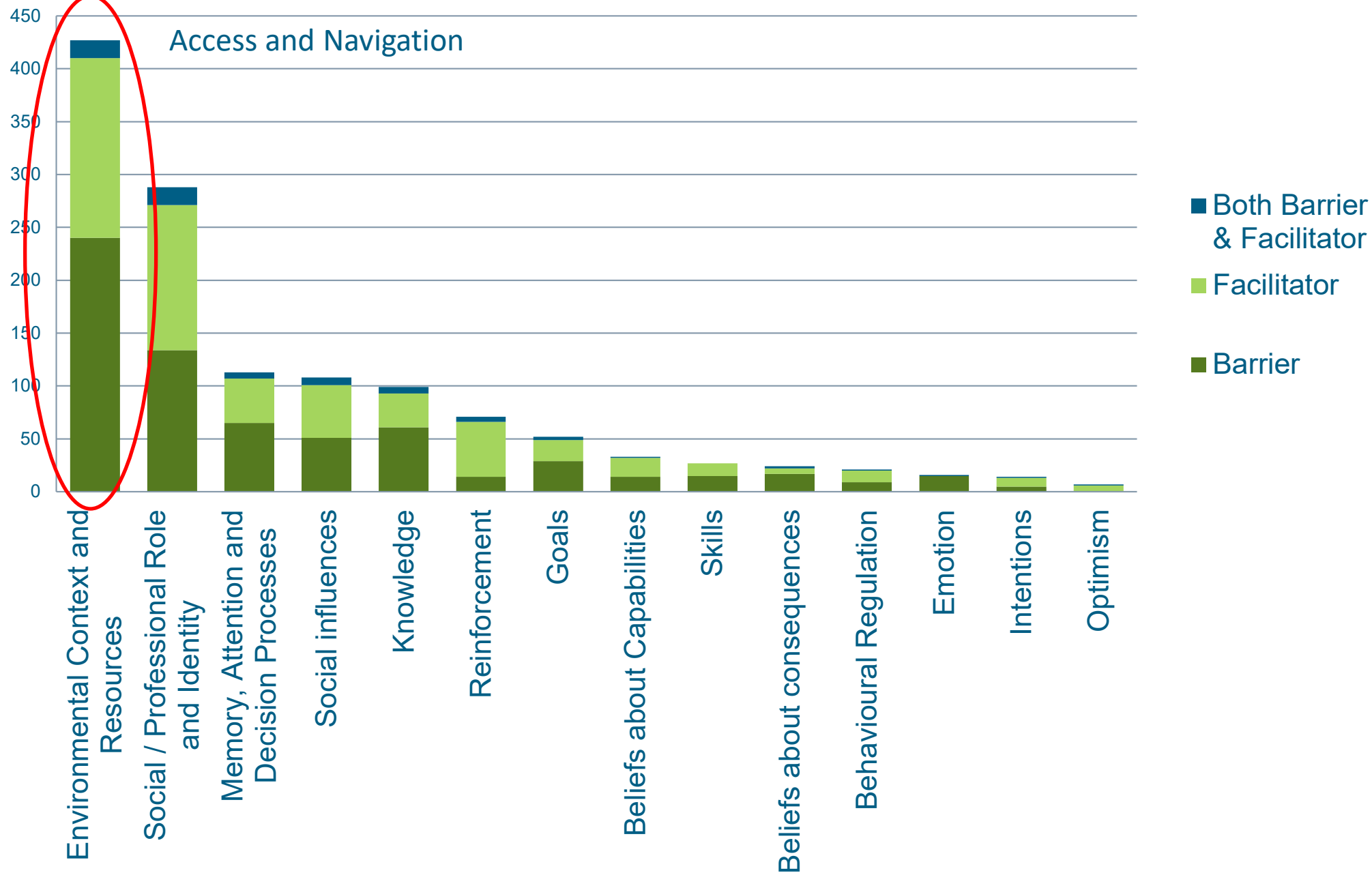
“Discussions
happen in
siloed clinics”

“Families don't
know **who**
provides what?”

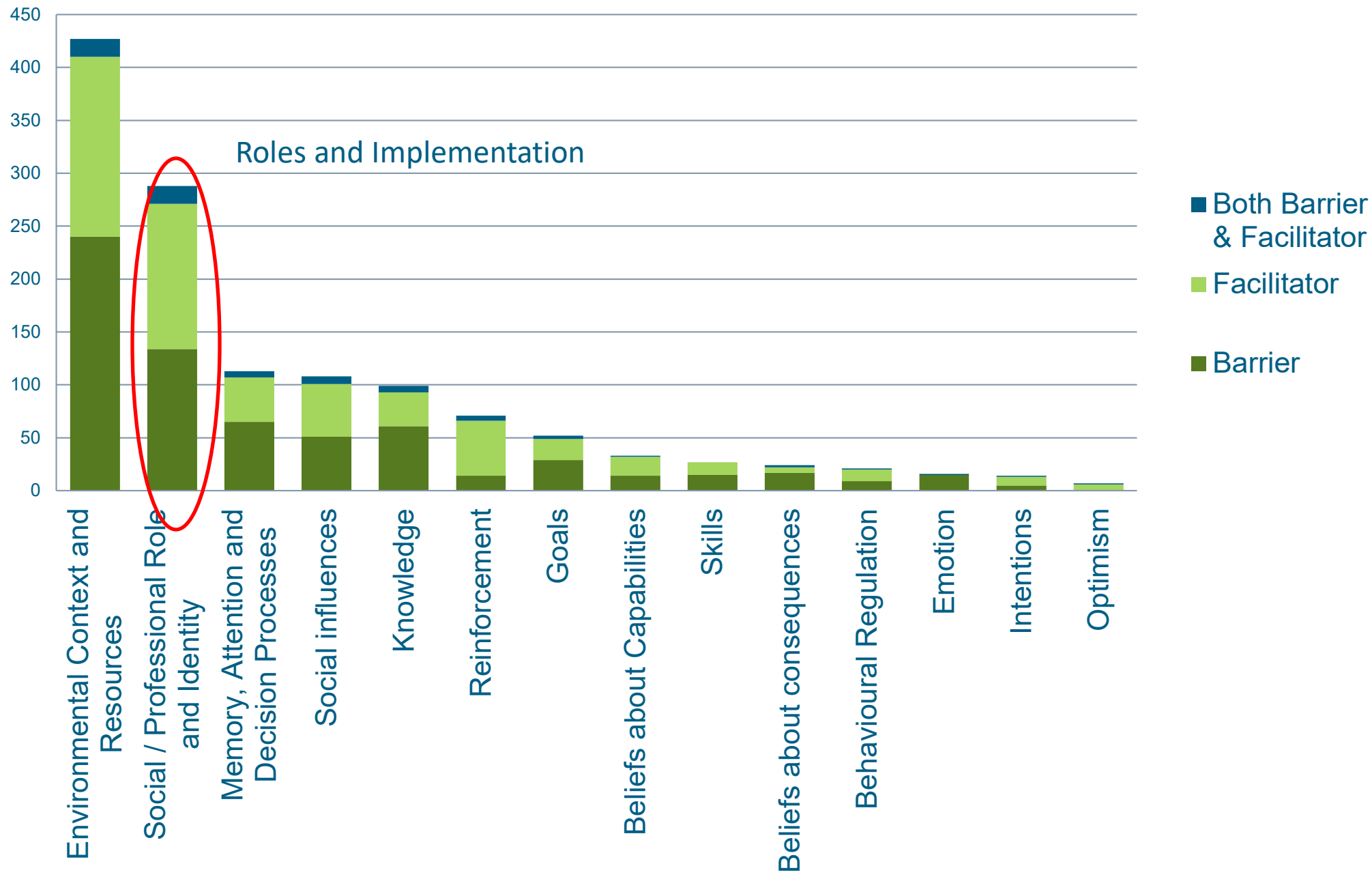
Major themes across the province were similar



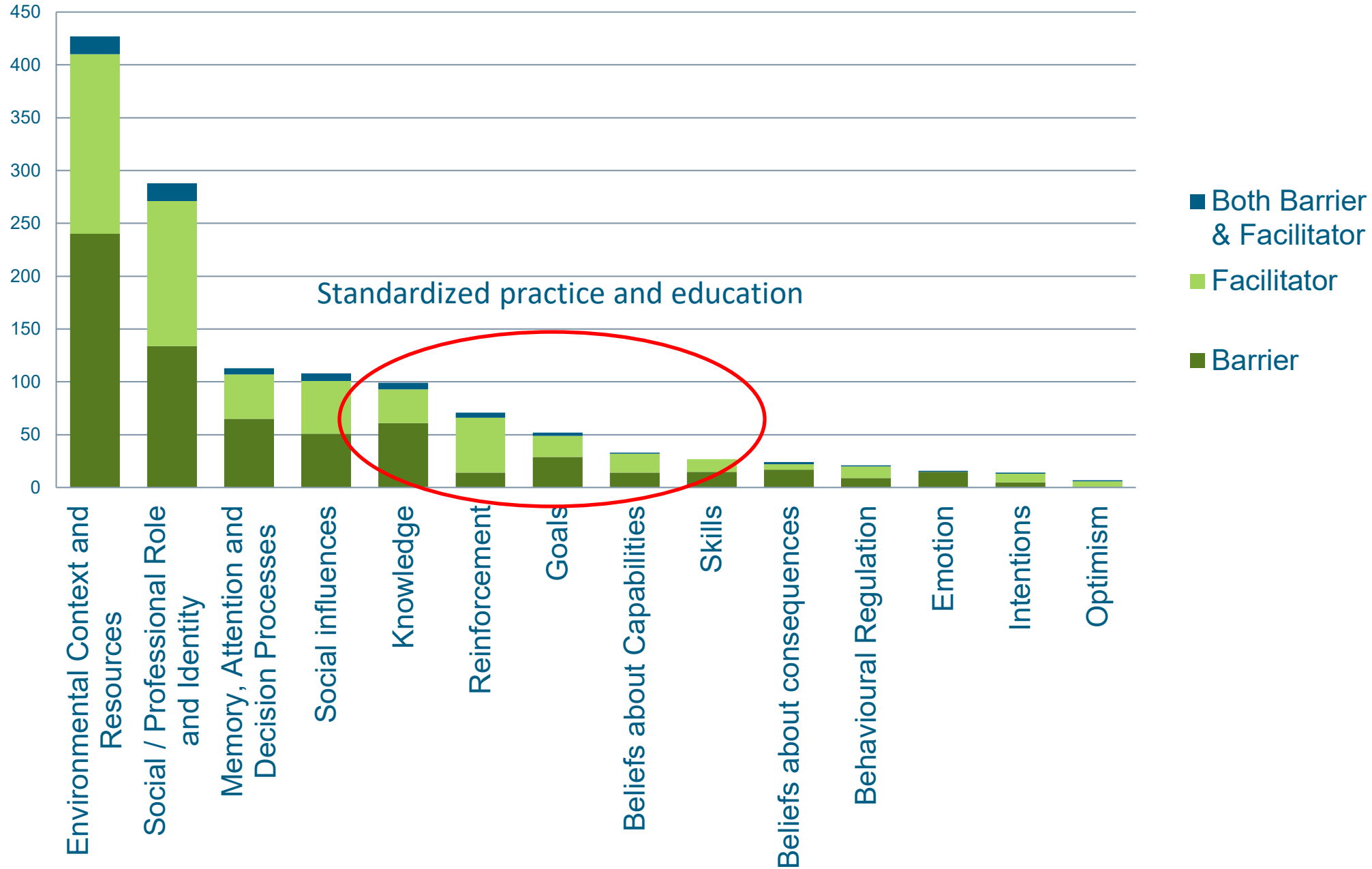
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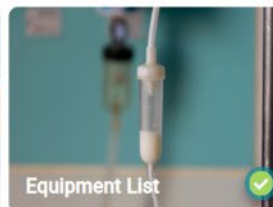
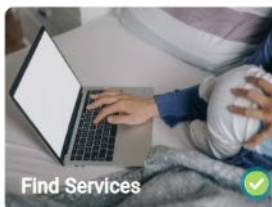
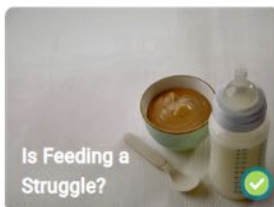
Find relevant information

For families and care providers of children with an eating, feeding and swallowing disorder

FOR FAMILIES

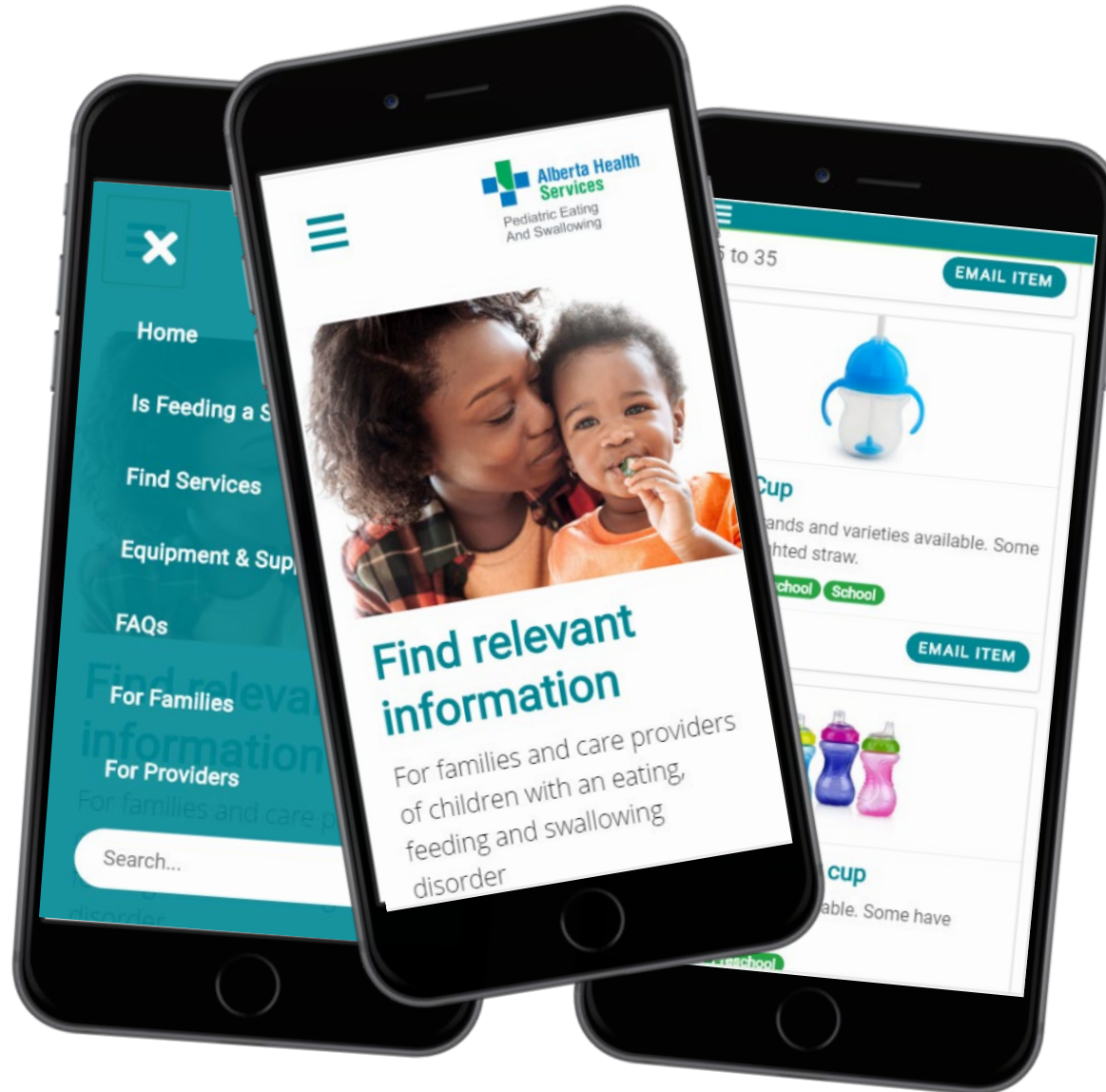
FOR PROVIDERS

Popular Resources for Families



peas.ahs.ca

✓ Mobile responsive



Funding Acknowledgment

Maternal Newborn Child & Youth Strategic
Clinical Network sponsorship (2019-2022)



**Alberta Health
Services**

**Inspiring solutions.
Together.**

Maternal Newborn
Child & Youth Strategic
Clinical Network™

Family Story

Mona Dhanda



Parent & IT Project Manager

Mona Dhanda

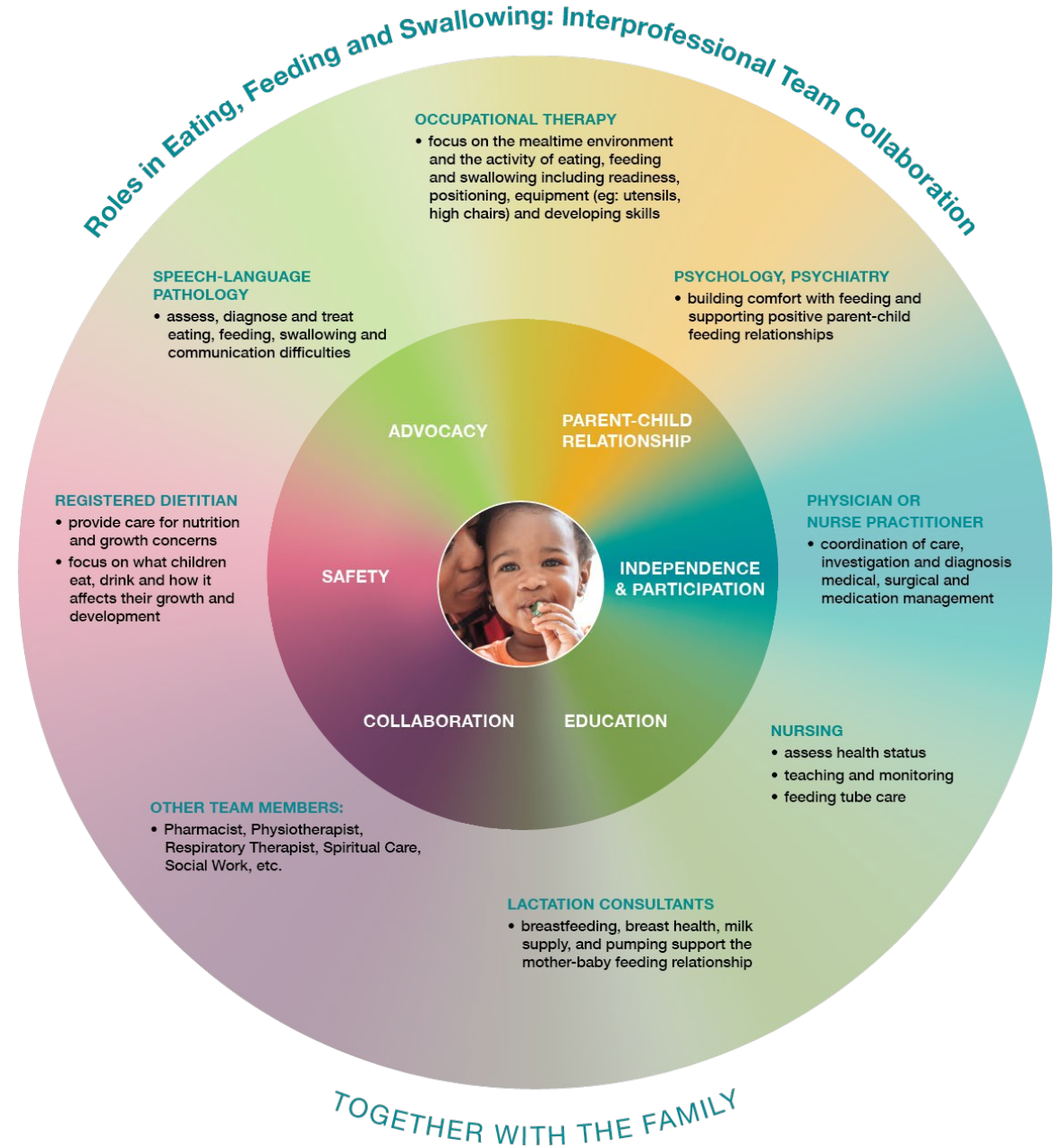
Eisha – Age 9



Eisha – Birth Story



Eisha – The first year



Eisha - Transition to solid food - Daycare and School



Eisha – Appropriate eating and non food items

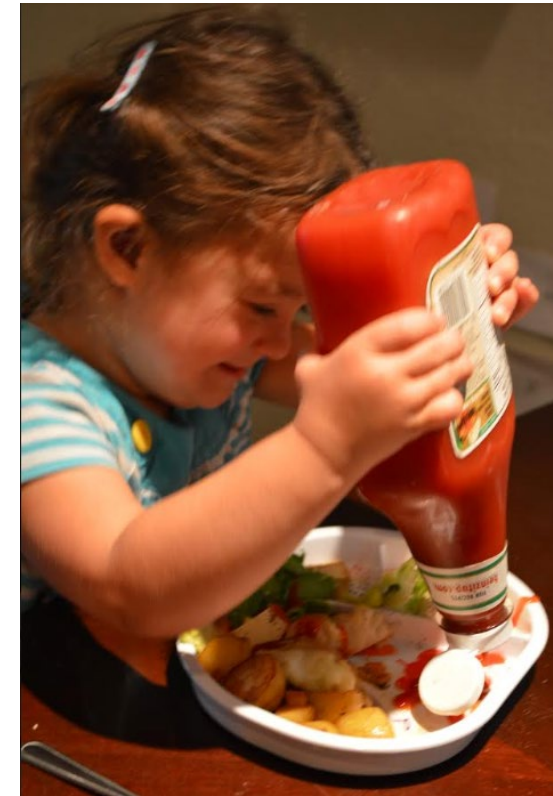


Family Goal Setting

Objectives	Strategies to Achieve Objectives	Person(s) Responsible with Role Assumed
1. By March 2017, Eisha's family will learn about communication outcomes for children and discuss ways to evaluate the changes in her communication and participation at home.	Discussion of the Focus on the Outcomes of Communication Under Six (FOCUS-34) parent questionnaire before completion Completion of the FOCUS-34 Discussion of results of the FOCUS-34 after scored by SLP	SLP- discussion, providing information, scoring parent questionnaire Parents- discussion, questions, filling out parent questionnaire
2. By March 2017, Eisha's family will learn about tactile kinesthetic cueing approaches, such as PROMPT, in order to support her speech sound development.	Trial of PROMPT therapy Discussion of the Motor Speech Hierarchy and Conceptual Framework Teaching broad-based parameter PROMPTs to family members the importance of turn-taking in and practice practice embedded in motivating activities Eisha with specific feedback during and collaboration in choosing target words and phrases	SLP- education and discussion on tactile-kinesthetic learning Parents- discussion and practice of strategies during motivating activities & daily routines SLPA- practice of strategies during motivating activities and daily routines
	visual cues to separate question types of functional questions to encourage complete answers (e.g. "words" or "all your words") homemade books for motivating practice personal pictures of wh-question teaching hierarchies:	Family – Questions, Discussion Strategies SLP – Modelling, Coaching and Discussion SLPA – Practice, Introduction Activities



Eisha – Specialized Services and taking chances on food



Pediatric Feeding Disorder

And the PEAS response...

Pediatric Feeding Disorder (PFD)

Impaired oral intake that is not age appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction

REVIEW ARTICLE: NUTRITION

OPEN

Pediatric Feeding Disorder—Consensus Definition and Conceptual Framework

**Praveen S. Goday, ††Susanna Y. Huh, *Alan Silverman, §Colleen T. Lukens, ||Pamela Dodrill, ¶Sherri S. Cohen, *Amy L. Delaney, #Mary B. Feuling, **Richard J. Noel, ††Erika Gisel, ‡‡Amy Kenzer, §§Daniel B. Kessler, ||||Olaf Kraus de Camargo, ¶¶Joy Browne, and ##James A. Phalen*

Proposed Diagnostic Criteria for Pediatric Feeding Disorder

- A. A disturbance in oral intake of nutrients, inappropriate for age, lasting ≥ 2 weeks, associated with ≥ 1 of :
1. Medical dysfunction
 2. Nutritional dysfunction
 3. Feeding skills dysfunction
 4. Psychosocial dysfunction
-

Proposed Diagnostic Criteria for Pediatric Feeding Disorder

- A. A disturbance in oral intake of nutrients, inappropriate for age, lasting ≥ 2 weeks, associated with ≥ 1 of :
 - 1. Medical dysfunction
 - a. Cardiorespiratory compromise during oral feeding
 - b. Aspiration or recurrent aspiration pneumonitis
-

Proposed Diagnostic Criteria for Pediatric Feeding Disorder

- A. A disturbance in oral intake of nutrients, inappropriate for age, lasting ≥ 2 weeks, associated with ≥ 1 of :
2. Nutritional dysfunction
 - a. Malnutrition
 - b. Specific nutrient deficiency or significantly restricted intake of ≥ 1 nutrient resulting from decreased dietary diversity
 - c. Reliance on enteral feeds or oral supplements to sustain nutrition and/or hydration
-

Proposed Diagnostic Criteria for Pediatric Feeding Disorder

A. A disturbance in oral intake of nutrients, inappropriate for age, lasting ≥ 2 weeks, associated with ≥ 1 of :

3. Feeding Skill dysfunction

- a. Need for texture modification of liquid or food
 - b. Use of modified feeding position or equipment
 - c. Use of modified feeding strategies
-

Proposed Diagnostic Criteria for Pediatric Feeding Disorder

- A. A disturbance in oral intake of nutrients, inappropriate for age, lasting ≥ 2 weeks, associated with ≥ 1 of :
4. Psychosocial dysfunction
 - a. Active or passive avoidance behaviors by child when feeding/fed
 - b. Inappropriate caregiver management of child's feeding and/or nutrition needs
 - c. Disruption of social functioning within a feeding context
 - d. Disruption of caregiver-child relationship associated with feeding
-

Other key considerations

B. Absence of the cognitive processes consistent with eating disorders

- Acute (<3 months) versus chronic (> 3 months)
 - Cultural sensitivities
 - Feeding behaviors vary by culture
 - PFD does not exist when feeding behaviors in any culture are not associated with dysfunction
-

How common is this problem?

- 25-35% typically developing children; 5-10% severe
- 40-80% children with atypical neurodevelopment
- 90% children with autism
- Common in young children (developmental concerns may yet be diagnosed), those with growth faltering, complex medical illnesses and history of prematurity

Getting started



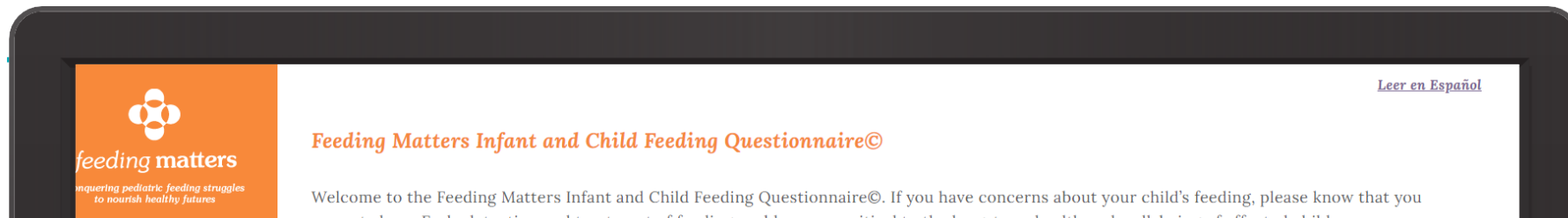
SLP Discipline Lead, ACH

Dr. Bev Collisson

Screening Tool

Can be used by:

✓ Families



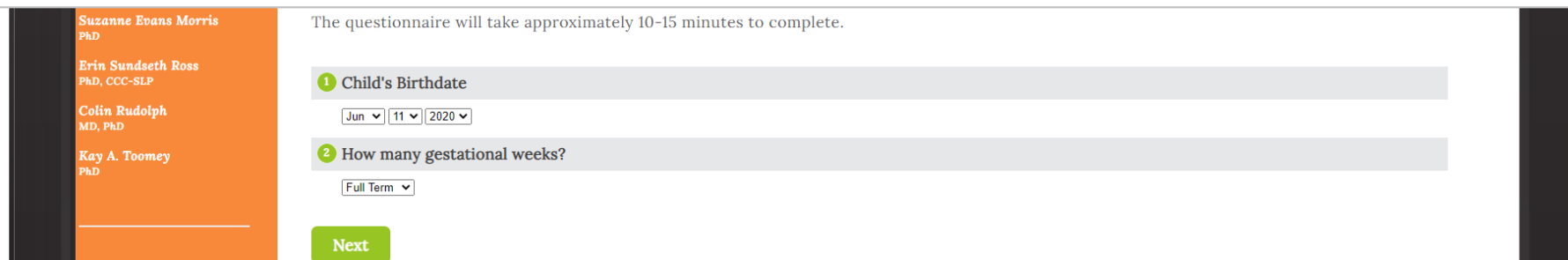
THE JOURNAL OF PEDIATRICS • www.jpeds.com

ORIGINAL
ARTICLES

Psychometric Properties of the Infant and Child Feeding Questionnaire

Alan H. Silverman, PhD¹, Kristoffer S. Berlin, PhD², Chris Linn, BS³, Jaclyn Pederson, MS³, Benjamin Schiedermayer, MS⁴, and Julie Barkmeier-Kraemer, PhD⁴

Note: this link will direct you to Feeding Matters in the United States. After completing the Feeding Matters Infant and Child Feeding Questionnaire©, please return to the PEAS website and click on [Find Services](#) to locate services in Alberta.



5 Key Questions of PFD

Question 1: Is the Current Method of Feeding Safe?



Question 2: Is Feeding Adequate?



Question 3: Is Feeding a Positive Experience for Child and Parent?



Question 4: Is Feeding Appropriate for the Child's Developmental Capacity?



Question 5: Is Feeding Efficient?



Finding Services



FIND SERVICES

AHS SERVICES

OTHER PROVIDERS & SERVICES

VIRTUAL HEALTH

QUICK LINKS

✓ [YOUR CARE TEAM](#)

✓ [CARE COORDINATION](#)

✓ [EQUIPMENT & SUPPLIES](#)

✓ [FUNDING INFORMATION](#)

✓ [FAMILY LIFE & SELF-CARE](#)

✓ [TOOLS & TEMPLATES](#)

✓ [FAQS](#)

Find Services

A good place to start is with Health Link or your Family Doctor

- **Health Link**

[Health Link](#) is a free, round-the-clock, telephone advice and health information service.

Anyone in Alberta with a health concern can dial **811** for Health Link.

- **Need help finding a Family Doctor?**

Use the [online tool](#) provided by the College of Physicians and Surgeons of Alberta or call Health Link.

Pediatric Eating, Feeding & Swallowing services

There are also healthcare providers and teams in Alberta that assess and provide healthcare for children with a known or suspected eating, feeding and swallowing (EFS) disorder:

- [AHS Eating Feeding and Swallowing Services](#)
- [Other Providers and Services](#)

Virtual Health

Virtual Health involves the use of technology to deliver health services (for example: Telehealth or Skype for Business) over distance. Some Eating, Feeding, and Swallowing services across the province offer Virtual Health services. You can ask your healthcare provider if this is a possibility.

[READ MORE](#)

[FIND SERVICES](#)[AHS SERVICES](#)[Access & Referral Targets](#)[Pediatric Instrumental Assessment Availability](#)[Workflow Maps \(for Providers\)](#)[OTHER PROVIDERS & SERVICES](#)[VIRTUAL HEALTH](#)[QUICK LINKS](#)[✓ YOUR CARE TEAM](#)[✓ CARE COORDINATION](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAMILY LIFE & SELF-CARE](#)[✓ TOOLS & TEMPLATES](#)[✓ FAQs](#)

AHS Services

Note: For some clinics or services, a physician or healthcare professional referral may be required.

Helpful Directories

Most healthcare services in Alberta are listed in the following directories which include information about making a referral and location:

- [🔗 Alberta Referral Directory](#)
- [🔗 AHS Pediatric Rehabilitation Directory](#)
- [🔗 AHS Find Healthcare](#)

AHS Eating, Feeding, and Swallowing services

The following are a list of pediatric Eating, Feeding, and Swallowing services offered by Alberta Health Services. The name of the clinic or service may be generic, however they all offer some pediatric Eating, Feeding, and Swallowing services ranging from routine to specialized services depending on their mandate. Please see the associated links for more information about how to make a referral or if self-referrals are accepted.

What Zone am I in? [🔗 Find Your Zone](#)

North Zone +

Edmonton Zone -

Clinic / Service	Location	Notes	Link
Preschool Rehabilitation Services	Multiple locations	Birth to 5 years old. Assessment and intervention to support parent concerns related to daily routines such as eating.	Inform Alberta profile: <ul style="list-style-type: none"> 🔗 Preschool Rehabilitation Services: OT, PT 🔗 Preschool Speech and Language Services

Pediatric Feeding and Swallowing - Outpatient Services at Stollery Children's Hospital

CONNECT CARE: EDM STO WMC PED FEED/SWALLOW

Alberta Health Services - Edmonton Zone

Estimated time to routine appointment: Not Available

SERVICE DESCRIPTION

The Stollery Outpatient Feeding and Swallowing Clinic provides consultation and assessment to children with feeding and swallowing concerns or dysphagia in the absence of an underlying developmental or neurological diagnosis. Concerns may be due to suspected or known anatomic/physiologic impairments of the mouth, throat, airway, or digestive system. The feeding and/or swallowing concerns may also be due to an underlying medical condition such as a cardiac, gastrointestinal, pulmonary, or oncology related diagnosis. Presenting concerns may include:

- weak or uncoordinated sucking
- trouble coordinating breathing and swallowing
- impaired growth/nutrition or dehydration
- noisy breathing or airway congestion during and/or after feeding
- hoarse/wet voice or throat clearing while eating or drinking
- changes in color or state during feeding
- coughing or choking during meals
- frequent respiratory illnesses or pneumonia suggestive of pulmonary aspiration

Once the referral is received, it is reviewed and triaged by the Speech-Language Pathologist. A parent questionnaire is then mailed to the family to be completed and returned prior to an appointment being scheduled. A Speech-Language Pathologist will complete the initial clinical feeding and swallowing evaluation and determine the need for further instrumental assessment (i.e., Videofluoroscopic Swallow Study (VFSS) or Fiberoptic Endoscopic Evaluation of Swallowing (FEES)). Follow-up visits will be scheduled as required.

Visit the PEAS (Pediatric Eating and Swallowing) [website](#) to find relevant information for families and care providers of children with an eating, feeding and swallowing disorder.

REFERRAL PHONE

780-407-8859

REFERRAL FAX

780-407-6586

PHONE

780-407-8859

[FIND SERVICES](#)[AHS SERVICES](#)[OTHER PROVIDERS & SERVICES](#)[VIRTUAL HEALTH](#)

QUICK LINKS

[✓ YOUR CARE TEAM](#)[✓ CARE COORDINATION](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAMILY LIFE & SELF-CARE](#)[✓ TOOLS & TEMPLATES](#)[✓ FAQs](#)

Other Providers & Services

Additional services may be available to you outside of the public healthcare system to support your child's feeding difficulties. Here are a list of resources when searching for privately funded healthcare providers.

For funding, you may wish to contact **Family Support for Children with Disabilities (FSCD)** to see if you are eligible. They may be contacted at: www.alberta.ca/fscd

Private healthcare agencies who provide eating, feeding, and swallowing services may also exist in your area. Sometimes these services are offered by agencies for children with special needs.

Private healthcare providers can also be found by going to the following websites:

- Speech-Language Pathologists
 - www.asapp.ca
 - www.sac-oac.ca
 - <https://www.acslpa.ca/public-section/find-a-slp-or-audiologist/>
- Occupational Therapists
 - <https://www.saot.ca/search-for-an-ot/>
- Dietitians
 - <http://collegeofdietitians.ab.ca/public/how-can-i-find-a-registered-dietitian>
- Psychologists
 - <https://psychologistsassociation.ab.ca/referrals/>

Additional resources may be available through:

- <https://childrenslink.ca/community-support/>
- [Health Link: call 811](#)

Introducing Yourself to Your Feeding Therapy Team

When looking for a professional to partner with in your child's feeding journey, it is important to understand that they have the knowledge to support you and your child. As well, understanding their philosophy and approach to feeding therapy will help you to determine if they are a good fit for your family. Once you have found a few options, here are a list of commonly asked questions that may assist you:

Questions to ask a registered dietitian if you are accessing nutrition support:

- Do you provide pediatric nutrition care?
- Do you have experience working with children with feeding difficulties?
- Do you have experience working with children who are tube fed?

Wait Time Targets

Wait time targets for clinical and instrumental assessment are based on priority levels, and are as per standard patient access targets in Connect Care for general rehabilitation:

Urgency Level	Definition	Wait Time Target
Emergent	Not currently medically stable, high risk of harm requiring intervention within 24 hours.	Available only in emergency and inpatient hospitals
Urgent	Acute risk of harm due to hydration status, nutrition status, or aspiration risk, but not in immediate danger.	2 weeks
Routine	Low risk of immediate harm, nutritionally stable.	6 weeks

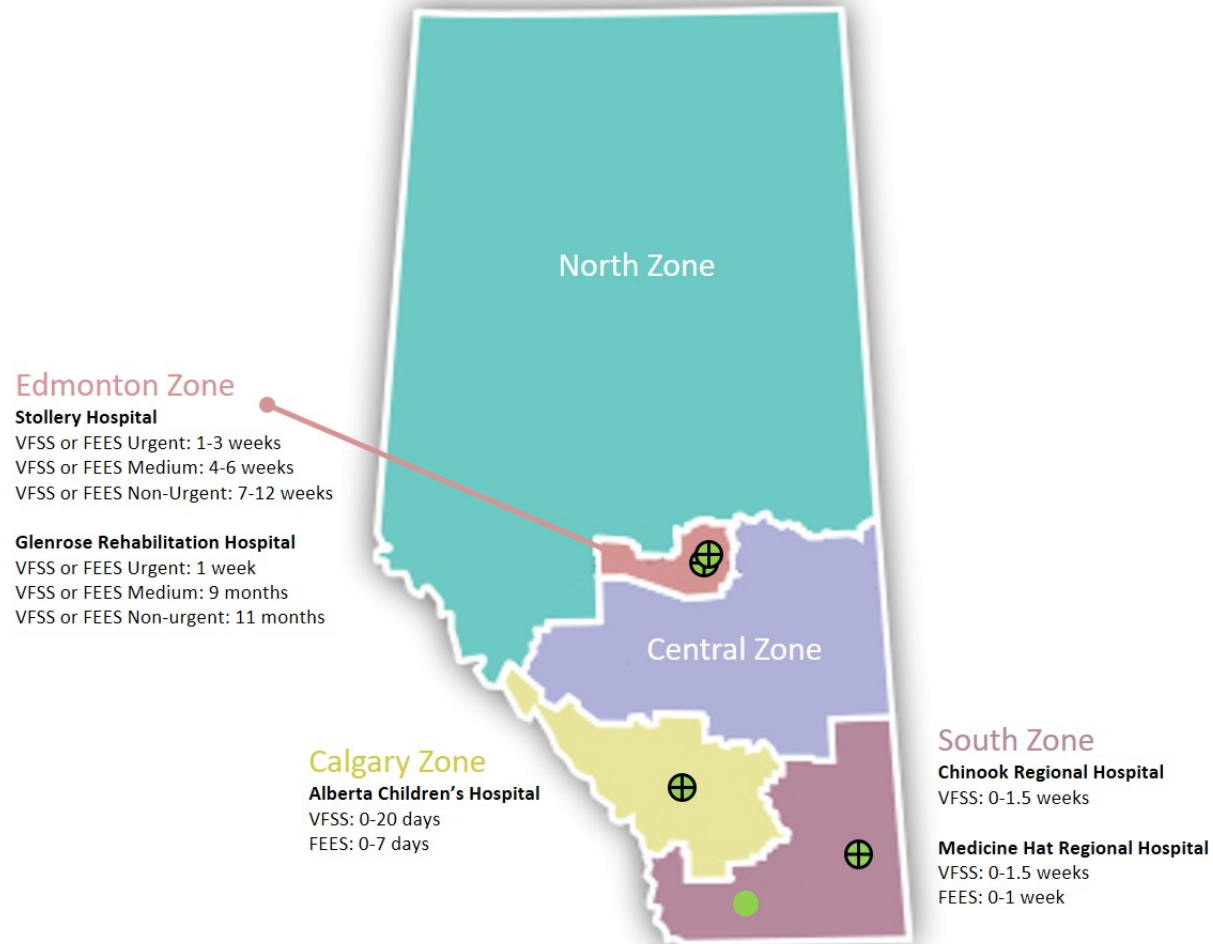
PEAS Project | U of A Pediatric Grand Rounds June 3, 2021

Snapshot of Wait Times Achieved (Apr 2021)

Team	Wait times for Routine Visits	Wait times for Urgent Visits	% of Families who feel they wait too long
North Zone - Grande Prairie	50%	50%	-
Stollery Aspiration Clinic	90%	80%	25%
Stollery Aerodigestive Clinic	50%	30%	0%
Stollery Feeding & Swallowing Clinic	95%	95%	8%
Stollery Home Nutrition Support Program (HNSP)	85%	100%	40%
Glenrose Feeding & Swallowing Clinic	0%	80%	25%
Central Zone	100%	90%	22%
ACH Home Nutrition Support Program (HNSP)	100%	100%	0%
ACH Eating, Feeding, Swallowing Clinic	70%	80%	18%
ACH Early Childhood Rehabilitation	60%	90%	41%
ACH Neonatal Follow-up Clinic	-	-	17%
ACH Complex Airway Clinic	80%	1%	60%
Calgary Pediatric Home Care	100%	90%	24%
Calgary Zone - Pediatric Community Rehabilitation	100%	100%	-
Calgary Zone - Rural Pediatric Allied Health	95%	95%	12.5%
Medicine Hat Regional Hospital Pediatric Specialty Clinic	100%	100%	3.6%
Southwestern Alberta Children's Eating, Feeding, & Swallowing Services	100%	100%	-

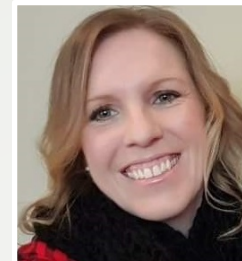
Pediatric Instrumental Assessment Availability and Wait Times

- Videofluoroscopic Swallow Study (VFSS)
- ⊕ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)



Providing Care

Using the PEAS Clinical Practice Guide



Prov. Practice Lead,
Nutrition Services

Melissa Lachapelle

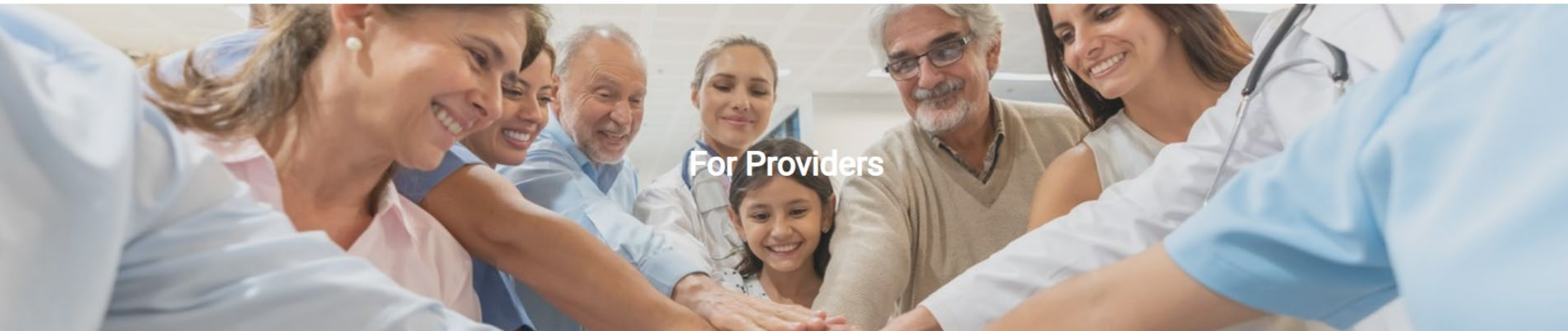
Clinical Practice Guide for Healthcare Professionals

Provides **information, guidance and recommendations**, to support health care professionals in making **clinical decisions** regarding the **screening, assessment and management** of children with pediatric feeding disorder.



- Oral & Enteral populations
- Online or downloadable version
- CPG Quick Reference of Tables & Figures





For Providers

FOR PROVIDERS

[CLINICAL PRACTICE GUIDE](#)

[CLINICAL TOOLS & FORMS](#)

[COLLABORATIVE PRACTICE](#)

[PROFESSIONAL DEVELOPMENT](#)

[COMMUNITY OF PRACTICE](#)

For Providers

The following are an array of evidence-based resources for healthcare providers in Alberta to support your work in serving children and families with the safest care, in a collaborative team, wherever possible.

Clinical Practice Guide

[READ MORE](#)

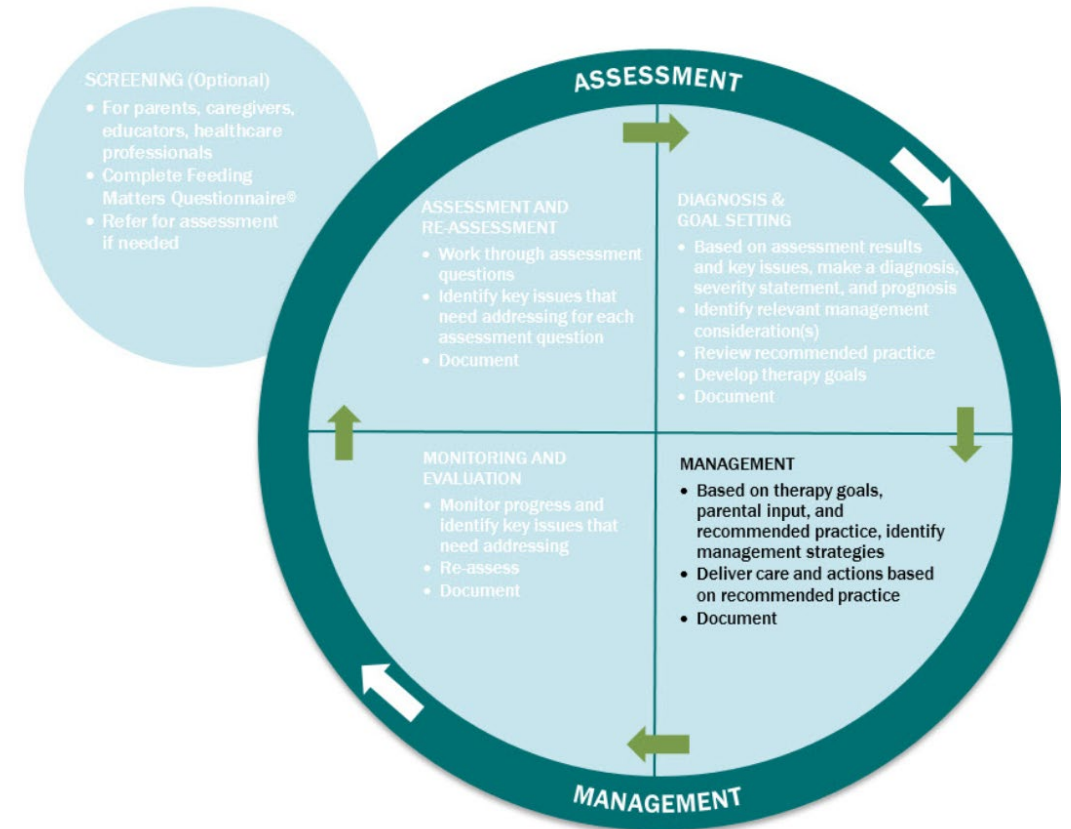
Clinical Tools & Forms

- Screening Tool
- Assessment Tools and Questions
- Food Record
- Collaborative Goal Wheel
- Feeding Care Plan

Management: Oral & Enteral

1. Medical stability
2. Facilitating safe swallowing
3. Nutrition management
4. Seating and positioning
5. Feeding skill development
6. Feeding environments and routines
7. Sensory processing
8. Oral hygiene and dental health
9. Enteral Feeding
10. Transition from EN to Oral Feeding

Figure 6: Pediatric Feeding Care Cycle
(NSW Office of Kids and Families, 2016)



Medical Stability

TO BE CONSIDERED MEDICALLY STABLE FOR ORAL EXPERIENCES AND FEEDING TRIALS, CHILDREN NEED TO BE:

- Medically stable as per a physician
- At least 30 weeks gestation
- Off ventilation for at least 24 hours
- Able to maintain a resting respiratory rate of 60-70 breaths per minute or less with no respiratory distress cues
- Maintaining wakeful periods – quiet alert state
- Managing secretions (oral and pharyngeal)
- Tolerating enteral feeds
- Displaying hunger cues (preferred for feeding trials)

TABLE 2: WHEN TO CONSIDER VFSS

WHEN TO CONSIDER VFSS	CONTRAINDICATIONS OF VFSS
<ul style="list-style-type: none"> • Patient cooperation is maximized • Some exposure to oral intake – a minimal amount is necessary to obtain enough diagnostic information from the study • Fatigue with feeding 	<ul style="list-style-type: none"> • Potential for medical complications or potential for compromised pulmonary function (suboptimal endurance)

TABLE 3: ADVANTAGES AND DISADVANTAGE OF VFSS

ADVANTAGES OF VFSS
<ul style="list-style-type: none"> • Defines oral and pharyngeal stages of swallow • Provides dynamic imaging of oral, pharyngeal and esophageal phases of swallowing • Non-Intrusive (although, for some the conf is considered intrusive) • Assesses various consistencies • Provides ongoing view of airway protection during swallows • Verifies outcomes of modifications

(Logemann, 1991)

TABLE 4: WHEN TO CONSIDER FEES

WHEN TO CONSIDER FEES	CONTRAINDICATIONS OF FEES
<ul style="list-style-type: none"> • clinical signs of aspiration during the clinical evaluation for bottle or breastfeeding • poor or questionable secretion management • stertor • stridor • suspected laryngeal abnormality • fatigue with feeding • considering initiation of oral intake • assess progress or change 	<ul style="list-style-type: none"> • inability to tolerate or pass a nasogastric tube • anatomic conditions such as choanal atresia and nasal or pharyngeal stenosis

TABLE 5: ADVANTAGES AND DISADVANTAGES OF FEES

ADVANTAGES OF FEES	DISADVANTAGES OF FEES
<ul style="list-style-type: none"> • it is possible to complete if non-oral or limited oral intake • assesses secretion management • visualizes pharyngeal and laryngeal anatomy • visualizes the vocal cords • assesses various consistencies 	<ul style="list-style-type: none"> • intrusive • actual swallow is obscured (white out) • cannot assess esophageal phase • operator dependent and open to subjective interpretation

Thickeners



- Free from common allergens
- Tasteless, odourless, smooth
- Organic, GMO Free, Arsenic

- Powder must be mixed into warm liquids
- Can be mixed with breastmilk as the amylase does not affect the carob bean gum
- Instructions for slightly thick (level 1) and mildly thick (level 2) available

- Not recommended for preterm infants less than 6 lbs or 42 weeks corrected age
- Suitable for term infants after 42 weeks gestation and children (Meunier, et al., 2014)
- Do not use if patient has galactosemia or an allergy to galactomannans

Table 9: Thickener Types, Products, Considerations and Recommendations

Thickeners	Product information	General mixing information	Recommendations for use
SimplyThick® Easy Mix™ Xanthan gum	<ul style="list-style-type: none"> • Free from common allergens • Vegan, Kosher, Halal, Gluten free • No calories (0 kcal) • For more information: www.simplythick.com 	<ul style="list-style-type: none"> • Comes in small gel packages • Mixes into hot or cold liquids • Can be mixed with breastmilk as the amylase does not affect xanthan gum • Will maintain thickness in presence of saliva 	<ul style="list-style-type: none"> • Not recommended for any infant under 12 months of age, including preterm infants • Not recommended for children under 12 years of age who have a history or Necrotizing Enterocolitis (NEC)

Pareve stool can be first 2 weeks olves 10 kcal per

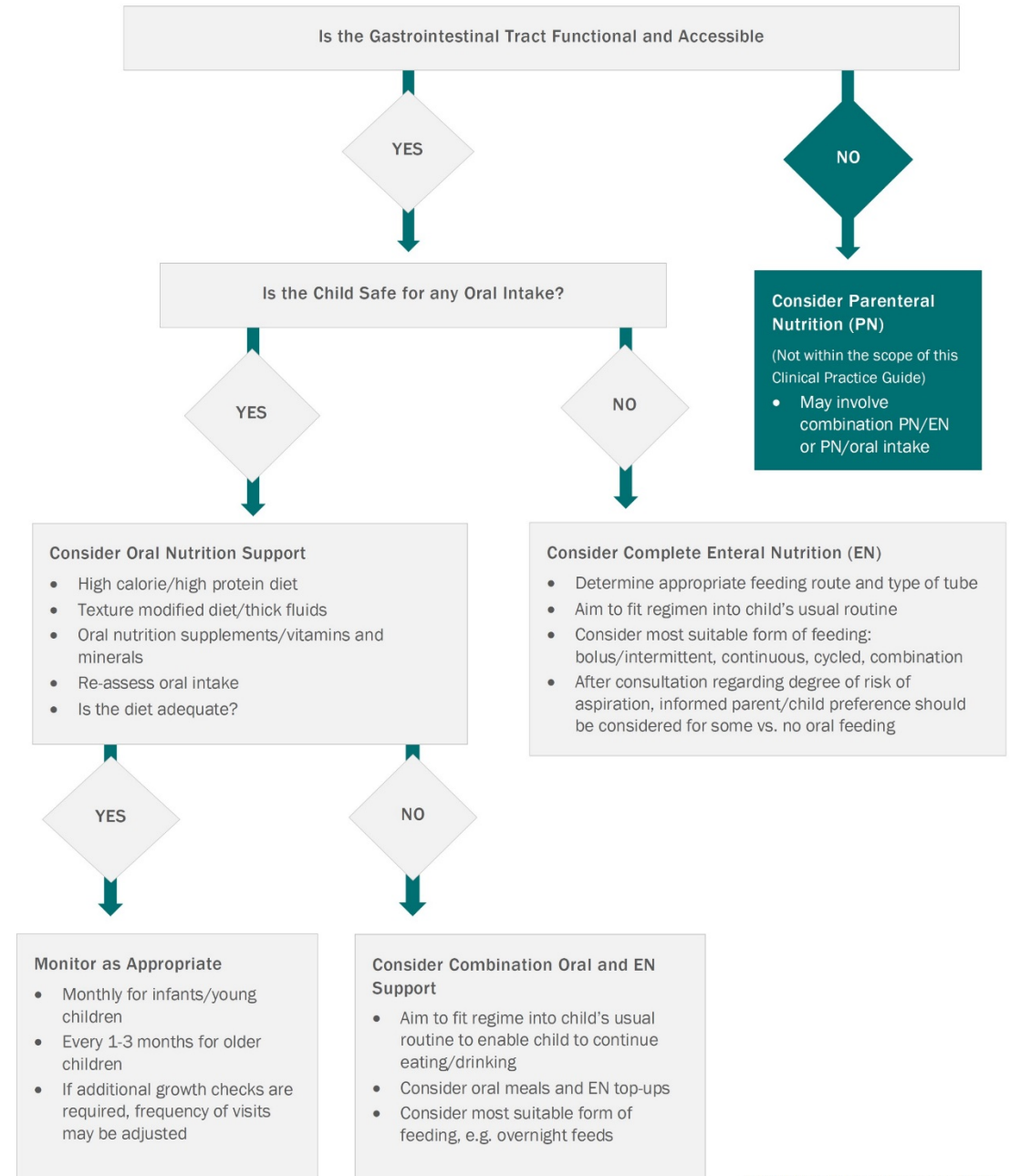
nation: [.com](http://www.com)

Nutrition Management

- High calorie high protein diet, texture modification, oral nutrition supplements, vitamins/minerals
- Enteral nutrition considerations
- A combination of oral and enteral feeds

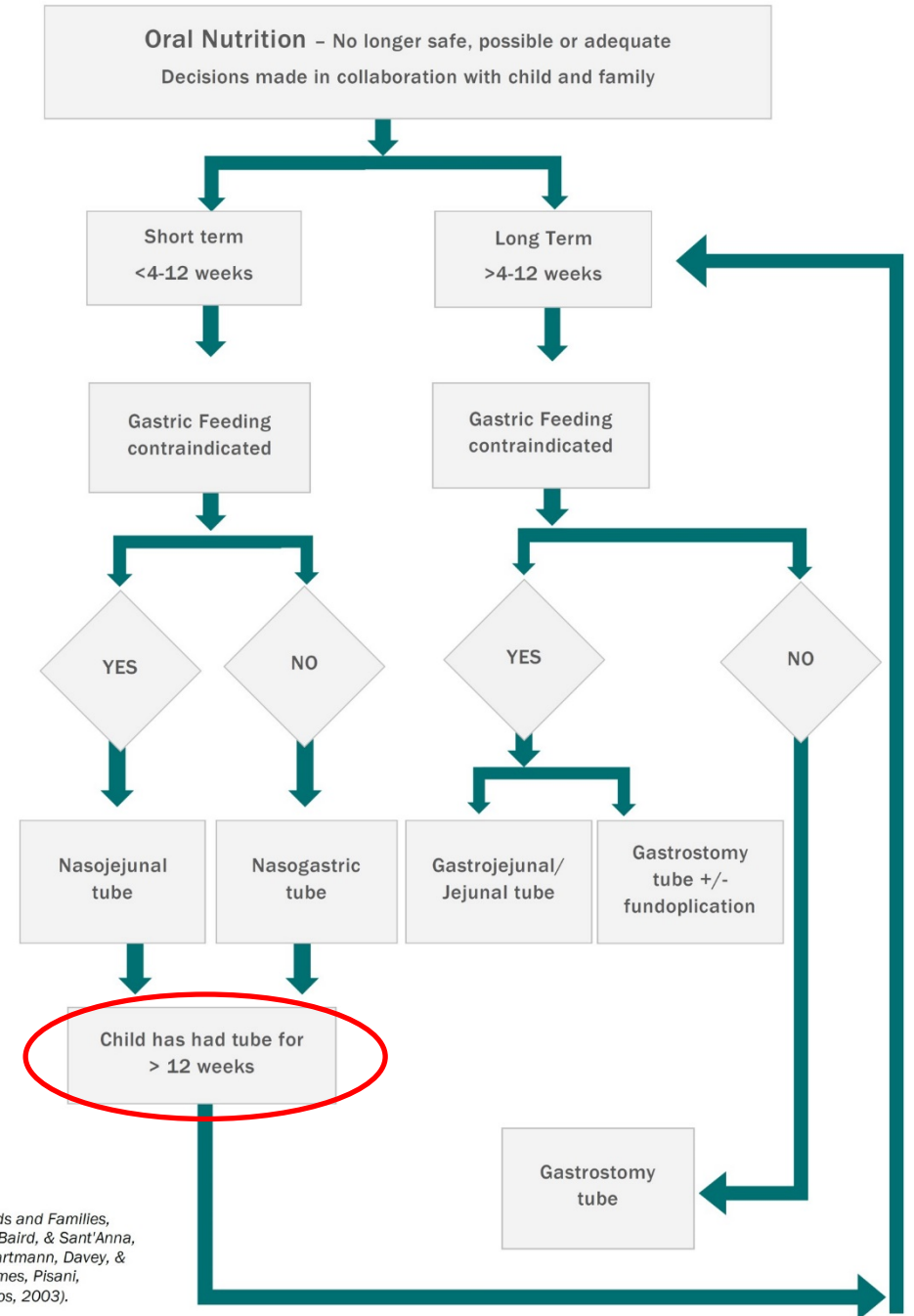
Figure 7: Nutrition Support Decision Making Tree (Modality Algorithm)

For use when oral intake has been assessed as inadequate or inefficient



Management: Enteral Feeding

- Early discussions with family are important
- Consider long term tube placement when enteral feeding is expected over 4-12 weeks
- Recommendations based on expert guidelines and safety concerns



(NSW Office of Kids and Families, 2016); (Ricciuto, Baird, & Sant'Anna, 2016); (Ricciuto, Baird, & Sant'Anna, 2015); (Wilken, Bartmann, Davey, & Bagci, 2018); (Gomes, Pisani, Macedo, & Campos, 2003).

[FOR FAMILIES](#)[ORAL FEEDING](#)[TUBE FEEDING](#)[FAMILY LIFE & SELF-CARE](#)[YOUR CARE TEAM](#)[CARE COORDINATION](#)[TOOLS & TEMPLATES](#)

QUICK LINKS

[✓ IS FEEDING A STRUGGLE?](#)[✓ FIND SERVICES](#)[✓ VIRTUAL HEALTH](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAQs](#)

Oral Feeding

Oral feeding challenges (eating by mouth) can be extremely stressful for many caregivers. With these resources, support from your healthcare team and practice, your child's health and nutrition can improve and you can enjoy a positive feeding relationship with your child.

Education Materials

Note for Healthcare Providers: AHS Forms and Handouts can be printed directly or on a separate page.

Swallowing Difficulties (Dysphagia)

- [🔗 Tips to Eat and Swallow Safely](#)
- [📄 When Your Child is Having a VFSS \(Videofluoroscopic Swallow Study\)](#)
- [📄 Having a Swallowing Test - Videofluoroscopy](#)

Texture Modified Diets

- [🔗 Dysphagia Soft Diet](#)
- [🔗 Easy To Chew Diet](#)
- [🔗 Minced Diet](#)
- [🔗 Pureed Bread Products](#)
- [🔗 Pureed Diet](#)
- [🔗 Thick Fluids](#)

Feeding Skill Development

- [🔗 Feeding Toddlers and Young Children](#)
- [📄 Food Ideas by Colour](#)
- [📄 Food Ideas by Flavour](#)
- [📄 Food Ideas by Texture](#)
- [📄 Food Play](#)
- [📄 Food Textures for Children](#)

Feeding Toddlers and Young Children

Eating food gives children the energy and nutrition needed to grow, learn, and play. Children learn about food and eating by watching others. Be a positive role model. The eating habits you teach a child in the early years can form a pattern that lasts a lifetime. Try some of the tips in this handout to help children build healthy eating habits.

Make mealtime family time

Mealtimes are a great time for your family to visit and talk. Keep mealtimes pleasant and relaxed. Let children see you enjoying a variety of foods. This will help children try new foods and learn eating skills.



Children's appetites and willingness to try new foods will change from day to day. This may change depending on how fast they are growing, how active they are, or how they are feeling.

The feeding relationship

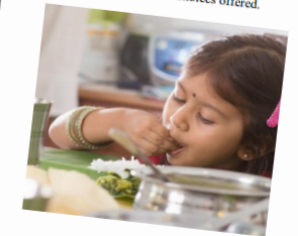
The way you and your child relate to each other around feeding and eating is called the feeding relationship. Parents and children have different roles—these roles help children learn to be healthy eaters.

Parents and caregivers decide:

- what food and drinks are offered:** Serve the same foods to the whole family. Offer a variety of foods from Canada's Food Guide.
- when food and drinks are offered:** Offer 3 meals and 2-3 snacks each day at regular times, and water throughout the day. When children eat at regular times they are more likely to be ready to eat.
- where food and drinks are offered:** Children eat best when they sit comfortably, rather than walking around. Eat together, turn off the TV, and put aside phones and electronics.

Children decide:

- how much to eat** from the choices you've offered. Listen to children when they say "I'm full." Children will sometimes decide to eat more at meals or snacks, and other times they'll eat less.
- whether to eat** from the choices offered.



[FOR FAMILIES](#)[ORAL FEEDING](#)[TUBE FEEDING](#)[FAMILY LIFE & SELF-CARE](#)[YOUR CARE TEAM](#)[CARE COORDINATION](#)[TOOLS & TEMPLATES](#)

QUICK LINKS

[✓ IS FEEDING A STRUGGLE?](#)[✓ FIND SERVICES](#)[✓ VIRTUAL HEALTH](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAQs](#)

Oral Feeding



Oral feeding challenges (eating by mouth) can be extremely stressful for many caregivers. With these resources, support from your healthcare team and practice, your child's health and nutrition can improve and you can enjoy a positive feeding relationship with your child.

Videos +

Education Materials -

Note for Healthcare Providers: AHS Forms and Handouts can be printed directly or **ordered in bulk**

Swallowing Difficulties (Dysphagia)

- [🔗 Tips to Eat and Swallow Safely](#)
- [📄 Gagging in Babies and Children](#)
- [📄 When Your Child is Having a VFSS \(Videofluoroscopic Swallow Study\)](#)
- [📄 Having a Swallowing Test - Videofluoroscopy](#)

Texture Modified Diets

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- [🔗 Minced Diet](#)
- [🔗 Pureed Bread Products](#)
- [🔗 Pureed Diet](#)
- [🔗 Thick Fluids](#)

Feeding Skill Development

- [📄 Your Baby's Feeding Cues](#)
- [📄 Benefits of Feeding in a Side Lying Position](#)
- [🔗 Feeding Toddlers and Young Children](#)
- [📄 Your Baby's First Tastes](#)

Family Education Materials

- Aspiration: Is my child at risk?
- Gagging in Babies and Children
- Benefits of Feeding in a Side Lying Position
- What Are Your Baby's Feeding Cues?
- Your Baby's First Tastes
- Introducing New Foods to Your Child
- Normal Swallowing in Children – video
- Thickened Drinks & Liquids
- Tube Feeding booklet & tube specific handouts
- Tube Feeding Videos
- Home Blended Food for Tube Feeding

Aspiration: Is my child at risk?

Who is at risk? Why does it matter?

Many infants, children and youth including those with medical, physical, and/or developmental challenges, may have trouble swallowing, which can increase their risk of aspiration. Aspiration is harmful to your child's health and may lead to infections and/or lung damage.

What is aspiration?

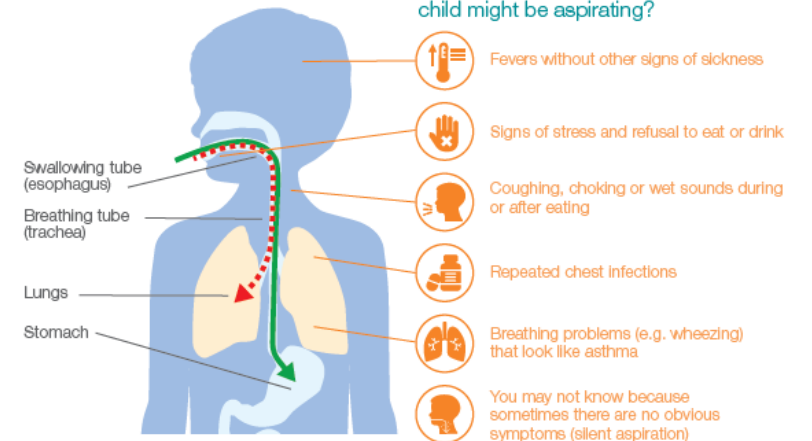
Safe swallowing is when food or liquid moves from the mouth down the swallowing tube (esophagus) and into the stomach. This process is shown by the **solid green line**.

Aspiration happens when food, liquid, saliva or vomit goes into the breathing tube (trachea) and down into the lungs. This is shown by the **dotted red line**.

Aspiration can be silent

Aspiration can happen without any obvious signs of stress, so you may not be aware that your child is aspirating. When this happens, it is called silent aspiration.

How do I know if my child might be aspirating?



If you feel your child is at risk, the first step is to contact your healthcare provider.
For 24/7 nurse advice and general health information, call Health Link at 811.

[FOR FAMILIES](#)[ORAL FEEDING](#)[TUBE FEEDING](#)[FAMILY LIFE & SELF-CARE](#)[Self-Care](#)[Family Life](#)[Finding a Support Network](#)[YOUR CARE TEAM](#)[CARE COORDINATION](#)[TOOLS & TEMPLATES](#)

QUICK LINKS

[✓ IS FEEDING A STRUGGLE?](#)[✓ FIND SERVICES](#)[✓ VIRTUAL HEALTH](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAQs](#)

Family Life & Self-Care

Families can often experience stress and anxiety about their child's eating and feeding as mealtime is an important part of daily life and health. There are resources and people available to help you and your family. Some of these people might be part of your current healthcare team, while others might be available to you as a referral if you need one.

Social workers can assist you and your family with the burdens of coping with stress and financial concerns. They can help you access other services and resources in the community. If you have homecare services in place, you will most likely have access to a social worker or to other team members who can help in this regard.

Spiritual care providers offer spiritual, emotional and religious support to families. They can also help you access other faith-based groups in your own community. Consider connecting with one if this sounds important to you.

Mental health supports are also available. Your primary care provider or a healthcare team member can also provide you with information about support services in your community.

Additional Resources:

- **Inform Alberta** is a provincial directory of community, health, social and government services available in your area

Self-Care

To help others, we must first take care of ourselves. Here are some things you can do for yourself and may also help to boost your family's resiliency:

[READ MORE](#)

Family Life

Day-to-day life can be more challenging when your child has feeding difficulties. Please know that you are not alone and there are many resources, supports and ideas to help you and your family. The following are some resources on the following topics:

- Involving family, friends, caregivers, and school
- Supporting my child's siblings and peers

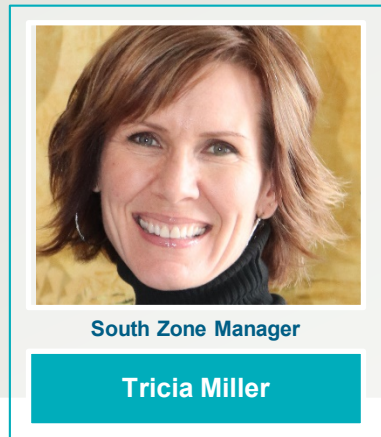
[READ MORE](#)

Finding a Support Network

- Social Media

Interprofessional Care

Collaboration and
Goal Setting



Current State

Teams according to **discipline**



Teams according to **geographic area**



Teams according to **clinical program**



Future State

Collaborative Care Team



The **care team** is built **around the child and family** and **from their perspective**, rather than by discipline, geographic area, or clinical program.

Healthcare Provider version:

Roles in Eating, Feeding and Swallowing: Interprofessional Team Collaboration

OCCUPATIONAL THERAPY

- enabling the occupation of feeding through activity and environmental analysis
- intervention based on physiological and developmental readiness
- focus on positioning and equipment, psychosocial factors, sensory processing, state or self regulation, oral motor and pharyngeal function

SPEECH-LANGUAGE PATHOLOGY

- communication, feeding and swallowing intervention
- assess, diagnose and treat pediatric feeding and swallowing disorders
- focus on oral motor, oropharyngeal and upper aerodigestive physiology and development

PSYCHOLOGY, PSYCHIATRY

- provide intervention for anxiety related to feeding concerns
- focus on parent-child interactions that impact on feeding

PHYSICIAN OR NURSE PRACTITIONER

- coordination of care
- investigate and diagnose
- medical and surgical management
- medication decision-making and management

NURSING

- assess clinical status
- screening, teaching, monitoring
- enteral tube care

LACTATION CONSULTANTS

- experts in lactation and breastfeeding
- support the mother-baby dyads

OTHER TEAM MEMBERS:

- Pharmacist, Physiotherapist, Respiratory Therapist, Spiritual Care, Social Worker, etc.

SAFETY

ADVOCACY

PARENT-CHILD RELATIONSHIP

INDEPENDENCE & PARTICIPATION

EDUCATION

COLLABORATION



REGISTERED DIETITIAN

- provide care for nutrition and growth concerns
- focus on food, fluid and nutrient adequacy, growth monitoring, food texture, variety and range
- provide nutrition support recommendations and delivery decisions, nutrition education and counseling



TOGETHER WITH THE FAMILY

Family version:

Roles in Eating, Feeding and Swallowing: Interprofessional Team Collaboration

OCCUPATIONAL THERAPY

- focus on the mealtime environment and the activity of eating, feeding and swallowing including readiness, positioning, equipment (eg: utensils, high chairs) and developing skills

SPEECH-LANGUAGE PATHOLOGY

- assess, diagnose and treat eating, feeding, swallowing and communication difficulties

PSYCHOLOGY, PSYCHIATRY

- building comfort with feeding and supporting positive parent-child feeding relationships

ADVOCACY

PARENT-CHILD RELATIONSHIP

INDEPENDENCE & PARTICIPATION

EDUCATION

COLLABORATION



REGISTERED DIETITIAN

- provide care for nutrition and growth concerns
- focus on what children eat, drink and how it affects their growth and development

PHYSICIAN OR NURSE PRACTITIONER

- coordination of care, investigation and diagnosis medical, surgical and medication management

NURSING

- assess health status
- teaching and monitoring
- feeding tube care

OTHER TEAM MEMBERS:

- Pharmacist, Physiotherapist, Respiratory Therapist, Spiritual Care, Social Work, etc.

LACTATION CONSULTANTS

- breastfeeding, breast health, supply, and pumping support mother-baby feeding relationships



TOGETHER WITH THE FAMILY



FOR PROVIDERS

CLINICAL PRACTICE GUIDE

CLINICAL TOOLS & FORMS

- Screening Tool
- Assessment Tools & Questions
- Food Record
- Collaborative Goal Wheel** 
- Feeding Care Plan

COLLABORATIVE PRACTICE

PROFESSIONAL DEVELOPMENT

COMMUNITY OF PRACTICE

FAMILY RESOURCES

 QUICK LINKS

✓ CP6 QUICK REFERENCE

✓ ORDER FORMS & HANDOUTS

✓ FIND SERVICES

✓ VIRTUAL HEALTH

✓ EQUIPMENT & SUPPLIES

✓ FUNDING INFORMATION

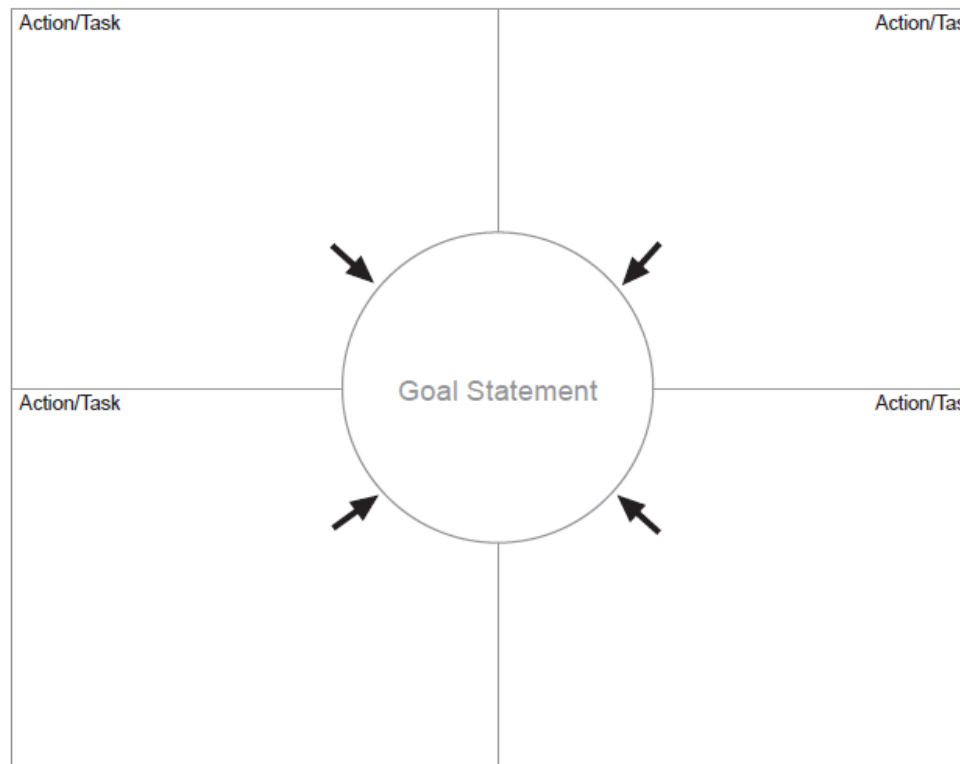


Goal Wheel

Collaborative Goals and Treatment Plan

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

Developed and Shared with *(Name of family member)* _____ Date *(dd-Mon-yyyy)* _____



Goal Notes/Considerations:

Follow Up

Healthcare Provider <i>(Last name, first name)</i>	Designation
Signature	Contact Information

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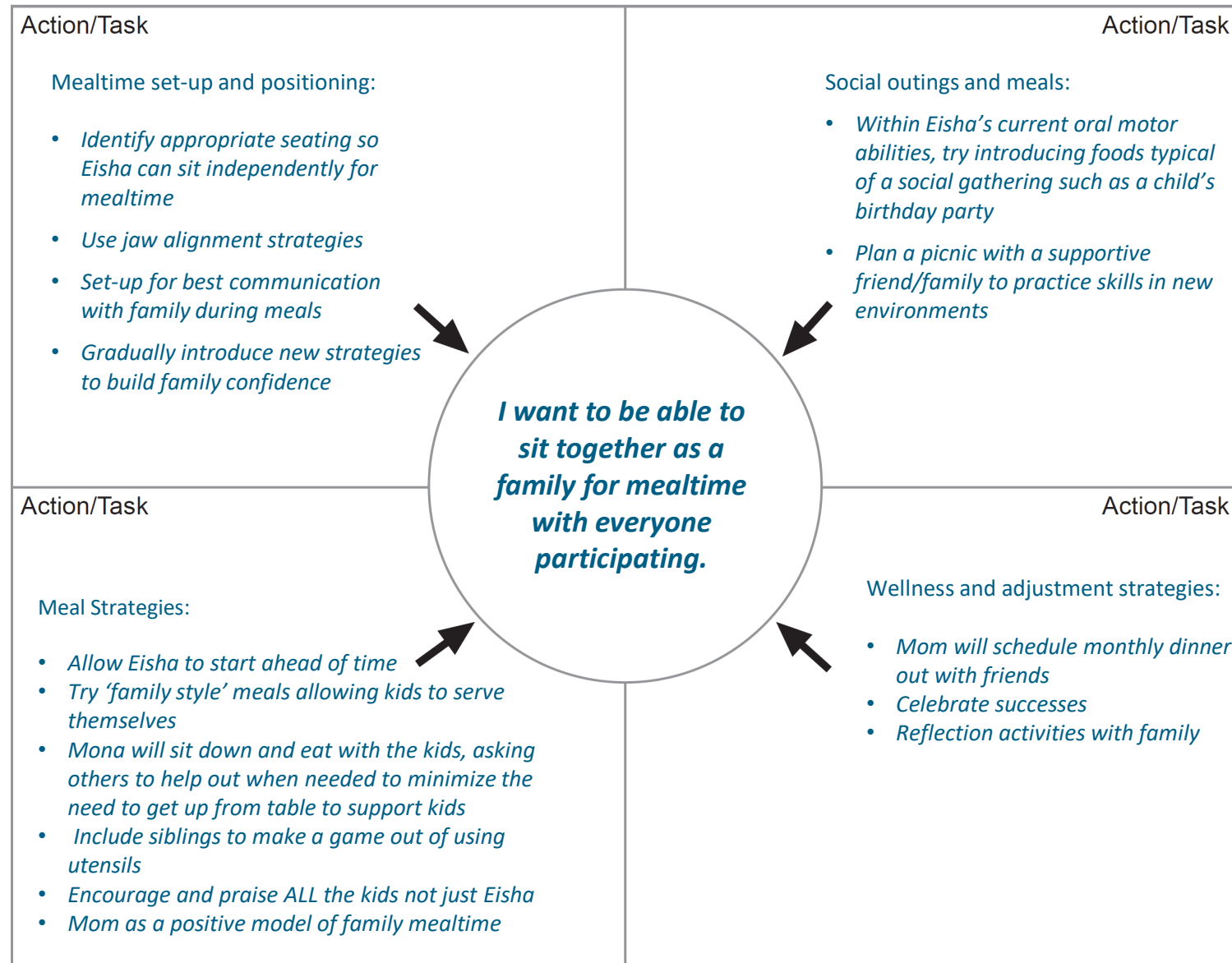
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Feeding Care Plan

- Having a clearly defined feeding care plan is an important part of safely managing pediatric EFS disorder.
- It is an essential part of communicating, and implementing safe and successful strategies across multiple care settings, e.g. grandparents, daycare and school.

		Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>			
PHN		ULI <input type="checkbox"/> Same as PHN		MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)					

Pediatric Oral Feeding Care Plan

Developed And Shared with <i>(Name of family Member)</i>		Date <i>(dd-Mon-yyyy)</i>
Child's Preferred Name <i>(Last name, first name)</i>		
Medical Condition(s)		
Food Restrictions or Allergies		
Emergency Contact (s)		
Diet/Food Preparation		
Drink Thickness* For examples of each, please click on the links provided below <input type="checkbox"/> Thin (Level 0) <i>(includes breastmilk)</i> <input type="checkbox"/> Slightly Thick Fluids (Level 1) <i>(includes commercially available 'Anti-regurgitation' infant formulas)</i> <input type="checkbox"/> Mildly Thick Fluids (Level 2) <input type="checkbox"/> Moderately Thick Fluids (Level 3) <input type="checkbox"/> Liquidised (Level 3) <input type="checkbox"/> Extremely Thick Fluids (Level 4)		
Food Texture* For examples of each, please click on the links provided below <input type="checkbox"/> Pureed (Level 4) <input type="checkbox"/> Minced and Moist (Level 5) <input type="checkbox"/> Soft and Bite Sized (Level 6) <input type="checkbox"/> Regular Easy to Chew (Level 7) <input type="checkbox"/> Regular (Level 7) <input type="checkbox"/> Transitional Foods (Meltables) <input type="checkbox"/> Mixed Consistency Allowed		
Oral Feeding Recommendations and Precautions		
Safe for oral medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
Level of Independence with Eating and Drinking, e.g., supervision required, assistance required		
Feeding Techniques and Precautions		
Amount of food per bite:		
Food placement:		
Pacing: e.g.,		
<input type="checkbox"/> Offer drink after _____ bites		
<input type="checkbox"/> Other		
Typical Intake:		

21587(2020-03) White - Chart Canary - Patient/Parent Page 1 of 2

21587(2020-03) White - Chart Canary - Patient/Parent Page 2 of 2



NEWS AND EVENTS

[Archived](#)

COMMUNITY OF PRACTICE

CONTACT US

Subscribe

Email Address *

First Name

Last Name

News and Events

News

Now Available: PEAS Virtual Training sessions for providers

6/26/2020

We are pleased to announce that we will be offering the PEAS Virtual Training for healthcare providers this summer and fall. Please see the attached newsletter for registration information!



[PEAS Healthcare Provider Training Invitation](#)

PEAS EventBrite page: <http://peas-ahs.eventbrite.com/>

PEAS update during COVID-19 crisis

3/26/2020

Dear Pediatric Eating And Swallowing (PEAS) community,

To ensure that Albertans are provided with the best care possible, we are pausing PEAS project plans that affect operations management and staff involved with COVID-19. In particular, we are **postponing** the following for 2 months or longer as needed:

- [Virtual Training sessions](#) (originally planned for April and May)
- Innovation Learning Collaborative (originally planned for June 3)
- Family survey data collection

About PEAS

Pediatric Eating And Swallowing (PEAS) is a quality improvement initiative to standardize services and improve care for children with an eating, feeding and swallowing disorder in Alberta.

[Learn more...](#)

Quality Improvement

[Quality Improvement](#)

[QI Dashboard](#)

[Family Survey](#)

Other

[About PEAS](#)

[Order Forms & Handouts](#)

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QUICK LINKS

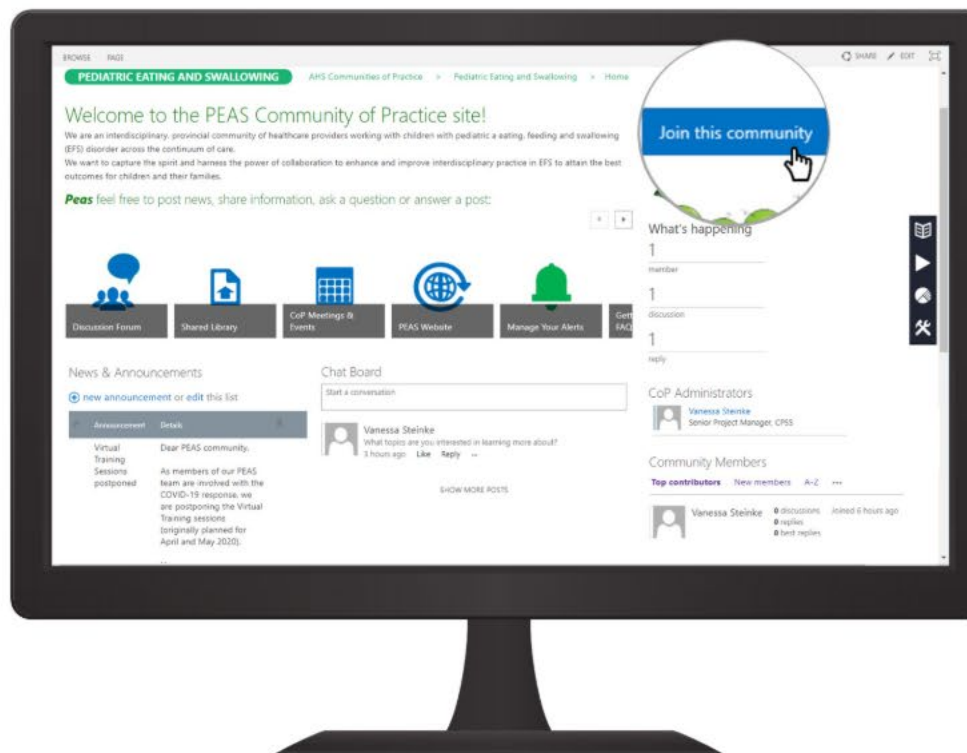
[✓ CPG QUICK REFERENCE](#)[✓ ORDER FORMS & HANDOUTS](#)[✓ FIND SERVICES](#)[✓ VIRTUAL HEALTH](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FOR FAMILIES](#)[✓ NEWS AND EVENTS](#)

Community of Practice

We have just launched the Pediatric Eating And Swallowing Community of Practice (CoP) for healthcare providers who work with children with a pediatric eating, feeding and swallowing (EFS) disorder. This virtual CoP is an interdisciplinary community of healthcare providers across the continuum of care in Alberta. The goal of this CoP is to capture the spirit and harness the power of collaboration to enhance and improve interdisciplinary practice in EFS to attain the best outcomes for children and their families.

To join the PEAS Community of Practice:

1. You must be a healthcare provider with an AHS account.
*See below for information on how to obtain an AHS account.
2. Go to the PEAS CoP website here: <https://extranet.ahsnet.ca/teams/CoP/PEAS/SitePages/Home.aspx>
If prompted, enter your AHS account name and password.
3. Click "Join this community" as shown below. That's it!





Contact Us

PEAS.Project@ahs.ca

Big PEAS & Thank YOU!

- Working Group co-chairs & members
- Steering Committee
- Leadership Team
- Family Advisors





Questions & Comments?

Thank you!



PEAS.Project@ahs.ca
