

JANUARY 2008

SNOHOMISH COUNTY CHILD HEALTH NOTES: TUBE FEEDING

Promoting early identification and partnerships between families, primary health care providers & the community.

Distributed by: Snohomish Health District and the Infant Toddler Early Intervention Program
Contributors: Washington State Department of Health and UW – Center on Human Development & Disability



Gavage Tube: placed through mouth for short-term feeding.

Nasogastric Tube: placed through nose for short-term feeding.

Gastrostomy Tube: placed surgically or by endoscopic gastrostomy (PEG) in the stomach.

Jejunum Tube: placed surgically into the jejunum, requires continuous feedings.

Tube Feedings: Managing the Nutrition Issues

To assure that children with tube feedings are growing appropriately and meeting their nutritional needs, it is important for the primary care provider to work collaboratively with the family and a registered dietitian (RD). Children unable to eat adequate amounts of food and/or beverage by mouth require tube feedings to meet their individual energy and nutrient needs. Tube feedings (enteral feeding) benefit children by:

- Assuring appropriate nutritional status to support growth and development
- Relieving the family's anxiety over adequate nutrition intake for their child
- Improving hydration, bowel function and administration of medication

Reasons for Tube Feedings:

A child may need a tube feeding to fully replace oral feedings, or to supplement oral feedings. Reasons may include:

- The infant or child is unable to eat by mouth for medical reasons (e.g. prematurity, unsafe swallow, etc.)
- The infant or child needs to "learn" how to eat orally (e.g. developmental or behavioral issue)
- To provide supplemental feedings beyond what the child can consume daily by mouth due to: neuromuscular disorders – e.g. cerebral palsy and muscular dystrophy; disorders that effect eating and/or digestion; conditions that increase energy needs – e.g. cystic fibrosis, burns.

Things to Consider For Your Practice.

Assure that:

1. Child's nutrition is adequately advanced for appropriate growth and development.
2. Families have adequate resources for the required tube feeding equipment and food. Provide prescriptions/letters of support as needed to WIC, state health insurance programs, and/or private insurance companies.
3. Families have regular consultation with a registered dietitian (RD).
4. Child's growth parameters from each office appointment (length/height, weight, head circumference, and weight-for-length or body mass index {BMI}) are communicated to the RD consulting with the child and family.

How Can a Registered Dietitian Support You and the Family?

RDs evaluate and monitor a child's growth, the adequacy of nutrition intake, formula tolerance and the need for food/formula changes. In Washington State, RDs that have met specific Washington State certification criteria also use the professional title CD, for Certified Dietitian. The **Washington State Medicaid** (Health Recovery Services Administration, formerly MAA) requires that all clients age 20 and younger must be evaluated by a CD with a current Medicaid provider number within 30 days of initiation of enteral nutrition products and periodically (at the discretion of the CD) while receiving enteral nutrition products. For children with **private insurance**, companies may pay for RD services. A referral from the primary care provider may be required and the RD may need to be a network provider.

Suggested Schedule for Monitoring Tube Feeding by a Registered Dietitian (RD)

New to tube feeding (All ages)	1 st month: weekly contact with RD 2 nd month: bi-weekly contact with RD
Infants	Every 1-3 weeks for first year after initial follow-up for new tube feeding; review intake on regular basis
Children < 3 years	Re-evaluate every 2-3 months once weight gain and growth has been stable for 2 months
Children > 3 years	Re-evaluate every 6 months once weight gain and growth has been stable for 2 months
Adolescents	Evaluate every 1-3 months during puberty to insure adequate energy & nutrition intake; every 6 months once weight gain and growth are stable
All ages	Refer to RD when a formula change is considered, if growth or feeding issues arise, or if formula feeding method changes (e.g. change from continuous to bolus feeds or to all oral feeds).

How to Find a Registered Dietitian or Nutrition Services in your Community

Infant Toddler Early Intervention Program	B-3 Yrs	425-339-1965
Children with Special Health Care Needs Snohomish Health District	Children all ages	Carol Ann Furness, Program Specialist 425-339-89652
Nutrition Network for Children with Special Health Care Needs	Children all ages	To locate a CSHCN Nutrition Network RD in your county: http://www.cshcn.org/resources/Resourceguides.cfm Click on your county; scroll down to Nutrition on the referral/resource list.
WIC Program Snohomish County	B-5 Yrs.	Cheryl Combest, WIC Program Manager 425-339-8680
Washington State Community Feeding Teams	To learn more and/or locate a feeding team in your community: http://depts.washington.edu/cshcnut/feeding_teams_list.html	
Home health care agency and enteral supply company	Some of these agencies and companies have RDs on their staff or consult with an RD	

INFORMATION AND RESOURCES:

- **Reference** Pederson AL. Tube Feeding Update. NUTRITION FOCUS Newsletter - University of Washington. Vol 17(6); November/December 2002.
For information about Nutrition Focus: http://depts.washington.edu/chdd/ucedd/ctu_5/nutritionnews_5.html
- **WA State** Nutrition Network for Children with Special Health Care Needs http://depts.washington.edu/cshcnut/cshcn_nut_net.html

Children with Special Health Care Needs
3020 Rucker Avenue, Suite 203
Everett, WA 98201

