

# Child Health Notes



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

Distributed by Public Health–Seattle & King County–Children with Special Health Care Needs Program. This newsletter provides physicians, nurse practitioners, primary health care providers, public health centers and community partners with current information regarding identification and management of special health issues for children. Contributing agencies and programs include: Washington State Department of Health and UW – Center on Human Development & Disability



**Gavage Tube:** placed through nose/ 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, primary care providers should 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 affect 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 Health Care Providers and Families?

**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 who have met specific Washington State certification criteria also use the professional title CD, for Certified Dietitian.

The **Washington State Medicaid Act** (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 <sup>st</sup> month: weekly contact with RD 2 <sup>nd</sup> month: every 2 weeks contact with RD
Infants	1 <sup>st</sup> month: weekly contact with RD; 2 <sup>nd</sup> month: every 2 weeks contact with RD. Then RD re-evaluate every 1-2 months for the first year based on individual child.
Children 1 - < 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 ensure 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).

### Information and Resources:

- *Pederson AL. Enteral Feeding (Tube Feeding) and Technical Aspects of Enteral Feeding (Tube Feeding).* In: Yang Y, Lucas B, Feucht S (eds). Nutrition interventions for Children with Special Health Care Needs. Washington State: Department of Health; 2010: 121-128;345-367.
- For information about Nutrition Focus: [http://depts.washington.edu/chdd/ucedd/ctu\\_5/nutritionnews\\_5.html](http://depts.washington.edu/chdd/ucedd/ctu_5/nutritionnews_5.html)
- Nutrition Network for Children with Special Health Care Needs <http://depts.washington.edu/cshcnut/index.html>

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

Nutrition Network for Children with Special Health Care Needs Children of all ages	To locate a CSHCN Nutrition Network RD in your county: <a href="http://cshcn.org/washington-resource-lists-county">http://cshcn.org/washington-resource-lists-county</a> Click on your county; scroll down to Nutrition on the referral/resource list.
WIC Program ; Birth to 5 Years	1-800-841-1410
Washington State Community Feeding Teams	To learn more and/or locate a feeding team in your community: <a href="http://depts.washington.edu/cshcnut/feeding/index.html">http://depts.washington.edu/cshcnut/feeding/index.html</a>
Home health care agency & enteral supply Co.	Some of these agencies & companies have RDs on their staff or consult with an RD

### Special Needs Information and Resources:

<b>Local:</b>	Lead Family Resources Coordinat (Birth to Three) Children with Special Health Care Needs Program	1-800-756-5437 206-296-4610
<b>Regional:</b>	Within Reach <a href="http://www.withinreachwa.org">www.withinreachwa.org</a>	1-800-322-2588, 1-800-833-6388 TTD
	ParentHelp123.org	<a href="http://www.ParentHelp123.org">www.ParentHelp123.org</a>
	Early Support for Infants and Toddlers Program (formerly ITEIP)	<a href="http://del.wa.gov/development/esit/">http://del.wa.gov/development/esit/</a> Main number: (360) 725-3500
	Parent to Parent Support Programs of Washington	(800) 821-5927 <a href="http://www.arcwa.org/parent_to_parent.htm">www.arcwa.org/parent_to_parent.htm</a>
	The Center for Children with Special Needs	<a href="http://www.cshcn.org">www.cshcn.org</a>
	Washington State Medical Home	<a href="http://www.medicalhome.org">www.medicalhome.org</a>
<b>National/ Internet:</b>	American Academy of Pediatrics AAP Developmental and Behavioral Pediatrics American Academy of Family Physicians CDC Act Early Family Village (Extensive family resources for CSHCN) Family Voices (Links to national and state family support networks)	<a href="http://www.aap.org">www.aap.org</a> <a href="http://www.dbpeds.org">www.dbpeds.org</a> <a href="http://www.aafp.org">www.aafp.org</a> <a href="http://www.cdc.gov/ncbddd/actearly/index.html">www.cdc.gov/ncbddd/actearly/index.html</a> <a href="http://www.familyvillage.wisc.edu">www.familyvillage.wisc.edu</a> <a href="http://www.familyvoices.org">www.familyvoices.org</a>

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