

PEDIATRICS: Swallowing Guidelines for Referral to Speech-Language Pathologists

Most Common Etiologies:

- Congenital heart disease
- Craniofacial disorders (e.g., cleft lip/palate)
- Gastrointestinal conditions (e.g. tracheoesophageal fistula, gastroesophageal reflux disease)
- Nervous system disorders (e.g. cerebral palsy, meningitis, encephalopathy)
- Prematurity; low birth weight

Related Terms:

Aspiration, choking, coughing, cough reflex, cyanosis, dysarthria, dysphagia, gag reflex, gastrostomy tube, intubation, modified barium swallow, nasogastric tube, scintigraphy, silent aspiration, structural deviation, tracheostomy, ultrasonography, and videofluoroscopic swallowing function study.

Potential Consequences:

- At risk for illness or death due to silent aspiration, aspiration, malnutrition or dehydration.
- At risk for aspiration consequences (i.e., chronic upper respiratory and ear infections).
- Loss of independence due to modified or non-oral feeding requirements.
- Postural/body movement restrictions due to compensatory postures to facilitate swallowing/feeding.
- Limitations in reaching developmental potential for learning and socialization.
- Compromise of quality of life by limiting oral feeding, preferred foods, liquids, and/or dietary variety.

Behaviors That Should Trigger an SLP Referral:

Developmental Signs/Symptoms:

Infant does not:

- Consume more than 1-3 ounces at a meal.
- Routinely remain awake after consuming first few ounces of liquid.

By 6 months cannot:

- Sit up for spoon feeding.
- Close lips around spoon to receive and eat semisolid foods.

By 9 months cannot:

- Suck liquids from cup.
- Attempt to assist with spoon.
- Feed self “finger foods.”

- Feeding/swallowing skills not commensurate with other developmental skill areas (cognitive, communication, and motor).

General Signs/Symptoms:

- Meals take longer than 30 minutes.
- Selective food refusal, feeding resistance or forced feeding by caregiver.
- Stressful mealtimes for child and caregiver.
- Lack of weight gain over 2-3 months (in young children).
- Irritability, lack of alertness, or lethargy during feeding.
- Unable to sit up independently and hold head up.
- Neck hyperextension or other unusual head/body movements during eating/drinking.
- Arching and stiffening of trunk and limbs.
- Overreaction or no reaction to liquid/food in or around mouth.
- Limited oral intake.
- Failure to accept new age-appropriate foods.
- Failure to accept varying food textures/consistencies.

Oral Motor Signs & Symptoms:

- Delayed or difficult initiation of swallows.
- Food remains in mouth after swallow.
- Excessive gagging on saliva during meals.
- Excessive drooling.
- Nasopharyngeal regurgitation.
- Ineffective chewing/swallowing.
- Excessive leakage of food/liquid from mouth.

Upper Airway Signs & Symptoms:

- Gurgly voice quality.
- Noisy breathing during eating and drinking.
- Cycle of audible, noisy breathing, then cyanosis with feeding.
- Hoarse, breathy voice quality.
- Weak or absent gag and/or cough reflex.
- Snorting or choking related to nasal obstruction.
- Frequent coughing/gagging during mealtimes.
- Increased congestion after eating, drinking.
- Recurrent pneumonia/upper respiratory infections.
- Difficulty with coordination of eating/feeding and breathing.

Gastrointestinal Tract Signs & Symptoms:

- Frequent vomiting/large amounts of spitting up.
- Irritability related to discomfort.
- Compromised weight or growth.
- Poor nutritional status.
- Restricted intake at meals (prefers smaller, more frequent meals).