Presented by Marjorie Meyer Palmer, M.A.

Speech Pathologist

Neonatal and Pediatric Feeding Specialist

<u>Profile of the child who has not yet been able to transition from liquids onto pureed food:</u>

Initially the child presents with a sensory based feeding aversion that has an underlying etiology:

#### Etiology may be:

- \* gastroesophageal reflux disease (GERD)
- \*born prematurely
- \*cardiac disease/congenital heart defect
- \*seizure disorder
- \*intra uterine drug exposure
- \*Autistic Spectrum Disorder (ASD)
- \*Oral-motor issues
- \*Oral sensory hypersensitivity or hyposensitivity
- \*Esophageal dysmotility for any consistency other than liquids

and there may be many others. Investigation of the underlying etiology will dictate and direct your therapeutic intervention which may differ significantly depending upon the underlying condition(s).

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#### Feeding Evaluation

Initial	Observations	(check one)	YES	NO
	Maintain eye contact			
	Interested in environment			
	Manipulates objects/toys			
	Brings objects/toys to mouth			
	Demonstrates social smile			
Oral-n	notor Examination			
	Bilabial closure			
	Protrusion/retraction of tongue			
	Elevation of tongue tip			
	Transverse tongue reflex			
	Fluid jaw movement			
	Jaw closure maintained		<del></del>	
Bottle	Drinking			
	Reflexive suck			
	Volitional suck with active bilabial close	ure		
	Able to sustain suck for 2 minutes			
	Respiration coordinated with pharynge	al swallow		
Spoon	Feeding			
	Cries, gags, may vomit			
	Jaw and lips remain open			
	Active bilabial closure to remove food	from spoon		
	Turns away, refuses to open mouth	·		
<b>5</b>				
Biting	Using central incisors			
	Bites on objects/toys			
	Does not put any objects/toys in mout	h		
	Does not bite on anything			

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<u>Data Collection</u>	(check one)	YES	NO
<b>Oro-facial Sensitivity: tolerates</b>			
Deep pressure to oro-facial area			
Tapping around mouth			
Wiping food from mouth			
Swipes of pureed food applied to lip	S		
Toys/objects in mouth			
Pureed food introduced inside mouth	1		
Temperature changes applied to oro-	facial area		
Oral Phase of Swallow			
Liquids transported easily to oro-pha	ırynx		
Pureed food transported easily to ord	o-pharynx	<del></del>	
Pureed food unable to be moved off	tongue	<del></del>	
Results in gagging, coughing, choking	ng		
Pureed food in mouth results in vom	_	<del></del>	
	C		
Pharyngeal Phase of Swallow			
Liquids are swallowed easily			
Pureed foods are slow to be swallow	red		
Pureed foods may result in coughing	, choking	<del></del>	
Swallows are audible, hard, and with	_	<del></del>	
Food is held in mouth for long perio			
Food may not be swallowed			
reed may need to an amen ou			
<b>Esophageal Phase of Swallow</b>			
Liquids are swallowed easily			
Water is the preferred liquid			
Pureed food is swallowed without di	fficulty		
Pureed food results in gagging after	-		
Pureed food is regurgitated easily	iic swaiiow		
Child appears to have discomfort wi	th ewallow		
	ui swaiiuw		
Pureed foods cause vomiting			

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- I. select only one variable to modify at a time
  - A. change utensil
    - 1. pair spoon with bottle
    - 2. intermittently introduce liquid by spoon
    - 3. texture and placement remain constant
  - B. change texture
    - 1. thicken liquid in bottle
    - 2. consider nipple change
  - C. change placement
    - 1. move bottle nipple to side
    - 2. present spoon sideways between lips
    - 3. texture/utensil remain constant
- II. offer swipes
  - A dip finger into pureed food
  - B. apply once to lower lip
  - C. note response; if tolerated, apply a second swipe. If not. STOP!
  - D. increase gradually from initial baseline
- III. provide new food for independent exploration
  - A. offer food in bowl or on high chair tray
  - B. provide age appropriate utensil
  - C. use same food for swipes

Based on "Incremental Progression" (developed by Marjorie Meyer Palmer, 2009)

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