

Weaning from Tube to Oral Feeding

Presented by Marjorie Meyer Palmer, M.A.

Speech Pathologist

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Recommendations for weaning from tube on to oral feedings*
(for infants under three months)

1. Discontinue all night drip feedings
2. Discontinue all continuous drip feedings by day
3. Establish age appropriate mealtime schedule for bolus feeds; feed only during waking hours
4. Introduce oral activities and feeding as part of the total mealtime activity, just prior to the bolus tube feeding
5. Use primitive oral reflexes as a foundation for oral feeding
6. Approach the "oral sensorium" from the buccal cheek cavity to prevent gagging; avoid the tongue since it is very sensitive to touch pressure stimuli
7. Practice the maintenance of bilabial closure and nasal breathing in preparation for bottle/breast feeding
8. Be sure infant is receiving sufficient calories to grow and weight is adequate before starting the program
9. Establish a baseline for oral feeding that includes the type of formula, amount, method of presentation, duration of feeding, and sensation tolerated
10. Duration of tube feeding should approximate oral feed
11. Once oral intake reaches 30 ml and is equal to 30 calories/oz begin to subtract from bolus feed that follows
12. Successful weaning is dependent upon proper candidate selection. All primary underlying medical conditions should be resolved before proceeding with this program.

*Based upon the Palmer Protocol for Sensory Based Weaning

Weaning from Tube to Oral Feeding

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Recommendations for weaning from tube on to oral feedings*
(for infants over three months)

1. Discontinue all night drip feedings
2. Discontinue all continuous drip feedings by day
3. Establish age appropriate mealtime schedule for daytime bolus feeds; feed only during waking hours
4. Introduce oral activities and feeding as part of the total mealtime activity, just prior to the bolus tube feeding
5. Use a "mealtime toy bag" for distraction and FUN during oral feeding
6. Approach the "oral sensorium" from the buccal cheek cavity to prevent gagging; avoid the tongue since it is very sensitive to touch pressure stimuli
7. Select only one variable to modify at mealtime, i.e., texture, utensil, placement
8. Be sure child is receiving sufficient calories to grow and weight is adequate before starting the program
9. Establish a baseline for oral feeding that includes the type and consistency of food, amount offered, method of presentation, placement, utensil, duration of feeding, and sensation tolerated
10. Duration of tube feeding should approximate length of oral feed
11. Once oral intake reaches 30 ml and is equal to 30 calories/oz begin to subtract from bolus feed that follows
12. When child is taking a minimum of 30 cc three to five times daily begin the first "60-hour wean"

Remember: Successful weaning is dependent upon proper candidate selection. All primary underlying medical conditions should be resolved before proceeding with this program.

*Based upon the Palmer Protocol for Sensory Based Weaning

Palmer Protocol For Sensory Based Weaning To Oral Feeding

	Phase I: Transition	Phase II: Tolerance	Phase III: Wean	Phase IV: Oral feeding	Phase V: Discharge
Feeder	primary caregiver	primary caregiver	primary caregiver	primary caregiver	primary caregiver
Position	transition from reclining to feeder's lap or seat	feeder's lap or seat	feeder's lap or seat	feeder's lap or seat	feeder's lap or seat
Food Presentation	transition from drip to 4-6 bolus feedings, eliminate drip/nippletime feeds.	child is now on bolus feeds, begin oral feeding with baseline utensil, placement, texture as indicated on baseline sheet.	continue with utensil, placement, texture as indicated in most recent baseline sheet.	continue with utensil, placement, texture as indicated in most recent baseline sheet. increase variety of food/liquid accepted.	child accepts a variety of foods/liquid delivered by appropriate utensil.
Social Interaction	use of positive social interaction to make mealtime more pleasant.	distract when necessary with auditory, visual and tactile stimuli paired with food presentation.	visual regard for feeder and positive anticipation of food. distraction and verbal praise may be used.	visual regard for feeder and positive anticipation of food. distraction and verbal praise may be used.	visual regard for feeder and positive anticipation of food. distraction and verbal praise may be used.
Complementary feeding	mealtime exercises 3x/daily while transitioning to bolus feeds.	100% normal caloric requirement until oral intake is equal to 30cc/oz in 30 cc 3x/daily, then subtract 30cc from each bolus feed (by tube)	100% normal caloric requirement minus 30 until 60 cc is taken orally 3 x/ daily. begin the first '60 hour wean'.	resume supplemental tube feeding for two weeks. begin second '60 hour wean'.	child takes between 50% - 100% of total caloric requirement orally.
Duration	bolus approximates an oral feeding, which is 15 - 45 minutes, whatever is	15 - 45 minutes, whatever is developmental correct	15 - 45 minutes, whatever is developmental correct	15 - 45 minutes, whatever is developmental correct	15 - 45 minutes, whatever is developmental correct
Data	developmental correct complete drip to bolus sheet.	baseline data sheet completed.	baseline data sheet completed.	baseline data sheet completed.	baseline data sheet completed.
Criteria to end phase	tolerates bolus feeds of an amount that is appropriate, child does not gag, choke,retch or vomit.	tolerates presentation of food /liquid to mouth, child does not gag, choke,retch or vomit.	accepts presentation of food/liquid to mouth, indicated by visual response, mouth opening, and/or cooperation	accepts at least 50% of normal caloric requirements by mouth without distress or discomfort. swallows 100% of total amount fed.	accepts 75% - 100% of total caloric requirement orally. swallows 100% of total amount fed.

Palmer Protocol for Sensory-Based Weaning: Daily Feeding Summary

Name _____

Date _____

TIME	TEXTURE	AMOUNT OFFERED	AMOUNT SWALLOWED	UTENSIL	PLACEMENT	AMOUNT FED BY TUBE	FEEDER
Baseline Assessment: First Date of Study							
	___ Liquid ___ Thick liquid ___ Strained ___ Semi-solid ___ Soft solid ___ Hard solid	___ Swipes (<30) ___ ounces	___ ml (<30) ___ ounces	___ Finger ___ Dropper ___ Syringe ___ Tongue ___ depressor ___ Bottle ___ Spoon ___ Cup	___ Lower Lip ___ Cheek ___ Gums ___ Tongue	___ ml (<30) ___ ounces	
	___ Liquid ___ Thick liquid ___ Strained ___ Semi-solid ___ Soft solid ___ Hard solid	___ Swipes (<30) ___ ounces	___ ml (<30) ___ ounces	___ Finger ___ Dropper ___ Syringe ___ Tongue ___ depressor ___ Bottle ___ Spoon ___ Cup	___ Lower Lip ___ Cheek ___ Gums ___ Tongue	___ ml (<30) ___ ounces	
	___ Liquid ___ Thick liquid ___ Strained ___ Semi-solid ___ Soft solid ___ Hard solid	___ Swipes (<30) ___ ounces	___ ml (<30) ___ ounces	___ Finger ___ Dropper ___ Syringe ___ Tongue ___ depressor ___ Bottle ___ Spoon ___ Cup	___ Lower Lip ___ Cheek ___ Gums ___ Tongue	___ ml (<30) ___ ounces	

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Reference List - Weaning

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