SLT Initial feeding ax

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Option 1 : [NAME] was referred for an eating, drinking and swallowing assessment by [REFERRER]. He/She was seen at WSHC/home with Mum/Dad. An interpreter was also present. Verbal consent to feeding assessment and treatment. Consent and candour gained to liaise with GP and HCPs.  
VOC: Child appeared clean, well and settled. Current age: #;##.

Option 2 : [NAME] was referred for an eating, drinking and swallowing assessment by [REFERRER]. Video/telephone consultation conducted with Mum/dad of [NAME]. (An interpreter was also present). Verbal consent to feeding ax and treatment; consent and candour gained to liaise with GP and HCPs; consent gained for use of WhatsApp for purpose of video consultations and video recordings of clinical bedside ax.

Child was not seen during the appointment but reported to be well. Current age: #;##.

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**Case history**

* Main concerns reported by family/professionals:
* Strategies parents have attempted already:
* Birth and pregnancy:
* Medical history:
  + Diagnoses:
  + Long hospital stays:
  + vision and hearing :
  + Chest health :
  + Allergies :
* Current medications :
* Global developmental history:
* Weight and height:
* Regularity of bowel and bladder movements:
* Sleep:
* Dentition:
* Play – sensory play:
* Communication:
* Other services / upcoming appointments:
* Social history (who lives at home, language spoken, nursery attended)

**Feeding History**

* From birth to weaning :
* From weaning to now :
* Accepts:
* Refuses:
* Onset:
* Typical food eaten throughout the day:
  + Breakfast
  + Lunch
  + Diner
  + Snacks
  + Fluids
* Positioning :
* Meal time routine :

**Feeding Assessment**  
Alertness and energy levels were appropriate for mealtime assessment.

* Oro-motor examination: Gross symmetry of facial - closed mouth positioning at rest - saliva management - teeth or cleanliness of mouth – Palate and tongue
* Voice/Upper Airway: Breath sounds at baseline - vocalisations (dysphonia, breathiness, strain, volume)
* Communication**:** Attentive to faces, able to communicate enjoyment or refusal
* Oral feeding observation:
  + Positioning (Trunk control, neck and jaw support, specialist seating, fatigue)
  + Oral-sensory and mealtime behaviours: (oral defensiveness, oral aversion, stuffing/pocketing, reaction to novel presentations)
  + Water bottle (Liquid, IDDSI #): (lip closure, lip rounding, lip seal, jaw excursions to extract liquid, consecutive swallows)
  + Cup (liquid, IDDSI #): (mouth opening and jaw stabilisation, closure around cup lip)
  + Straw (liquid, IDDSI #): (lip closure, jaw depression to achieve negative pressure to extract liquid)
  + Spoon feeding (Food, IDDSI #) (anticipation of presentation, mouth closure/clearance, residue
  + Chewing: (acceptance of food, presented to which side, tongue lateralisation, chew pattern-vertical/diagonal-mature rotary)

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**Impression and Summary**

[NAME] presents with [mild/moderate/Severe] paediatric feeding disorder characterized by DIFFICULTIES and impacting on IMPACTS

TOMs score (based on core/dysphagia/oral aversion scale):  
Impairment:  
Activity:  
Participation:  
Well-being (child):  
Well-being (parent):

Written and verbal recommendations:  
-  
-  
-(handouts given)

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* Priority: 1/2/3 ; dysphagia risk – green, amber, red + #
* SLT RV in XX months with view to XXX
* DC from SLT with recommendations
* Internal referral for CDT Communication
* Letter to GP for
* Referral for VFSS at
* Referral to SSOT for supportive seating at mealtimes
* Referral / Contact DT re: