

DECEMBER, 2013

# ADAMS COUNTY CHILD HEALTH NOTES

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

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**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

Lead Family Resources Coordinator Birth - 3 Years	Melva Zavala, CBHA Phone: 509-488-5256
Children with Special Health Care Needs Coordinator - Children of all ages	Callie Moore, Adams County Health Department Phone: 509-659-3317
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	CBHA – 488-5256 (RD - Cynthia Rosenow; CSHCN trained) ACHD – 488-2031 or 659-3315 (RD - Cindy Johnson; CSHCN trained)
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 and enteral supply company	Some of these agencies and companies have RDs on their staff or consult with an RD

### Special Needs Information and Resources:

<b>Local:</b>	0-3 Melva Zavala, Lead FRC 488-5256 CSHCN Callie Moore, PHN 659-3317 WIC CBHA – 488-5256 ACHD – 488-2031 or 659-3315
<b>Regional:</b>	WithinReach Family Health Hotline 1-800-322-2588, 1-800-833-6388 TTD <a href="http://www.withinreachwa.org">www.withinreachwa.org</a>
	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/</b>	American Academy of Pediatrics	<a href="http://www.aap.org">www.aap.org</a>
<b>Internet:</b>	AAP Developmental and Behavioral Pediatrics	<a href="http://www.dbpeds.org">www.dbpeds.org</a>
	American Academy of Family Physicians	<a href="http://www.aafp.org">www.aafp.org</a>
	CDC Act Early	<a href="http://www.cdc.gov/ncbddd/actearly/index.html">www.cdc.gov/ncbddd/actearly/index.html</a>
	Family Village (Extensive family resources for CSHCN)	<a href="http://www.familyvillage.wisc.edu">www.familyvillage.wisc.edu</a>
	Family Voices (Links to national and state family support networks)	<a href="http://www.familyvoices.org">www.familyvoices.org</a>