**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. Ensure awareness of parental anxiety regarding tube placement, tube maintenance and tube replacement.

**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)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Schedule</th>
</tr>
</thead>
</table>
| New to tube feeding (All ages) | 1st month: weekly contact with RD  
2nd month: every 2 weeks contact with RD |
| Infants         | 1st month: weekly contact with RD; 2nd 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:


## How to Find a Registered Dietitian or Nutrition Services in your Community

| Lead Family Resources Coordinator Birth - 3 Years | Holly Ridge Center  
5112 NW Taylor Rd  
Bremerton, WA 98312  
360 373-2536 |
|----------------------------------------------------|------------------------------------------------|
| WIC Program; Birth to 5 Years                      | Bremerton 360 373-6221  
Port Orchard 360 473-2144  
Silverdale 360 692-6530 |
| Children with Special Health Care Needs Coordinator Children 0-18 | Kitsap Public Health District  
345 6th Street, Suite 300  
Bremerton, WA 98337  
360-728-2240 |
Click on your state then county, then check “Nutrition, Feeding” on the referral/resource list. |
| Home health care agency and enteral supply company | Some of these agencies and companies have RDs on their staff or consult with an RD |