

KITSAP COUNTY CHILD HEALTH NOTES

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

Distributed by: Kitsap County Medical Home Leadership Network in conjunction with Holly Ridge, the ARC of Kitsap & Jefferson County and Kitsap Public Health District.

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Gavage Tube: placed through nose/ mouth for short-term feeding.

Nasogastric Tube/Nasojejunal Tube: placed through the nose for short-term feeding.

Gastrostomy Tube: placed surgically or by endoscopic gastrostomy (PEG) in the stomach.

Jejunostomy 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. 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)

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| New to tube feeding (All ages) | 1 st month: weekly contact with RD 2 nd month: every 2 weeks contact with RD |
| Infants | 1 st month: weekly contact with RD; 2 nd 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
- 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

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| 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 6 th Street, Suite 300 Bremerton, WA 98337 360-728-2240 |
| Nutrition Network for Children with Special Health Care Needs Children of all ages | To locate a CSHCN Nutrition Network RD in your county: http://cshcn.org/washington-resource-lists-county 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 |