

PEDIATRICS: Swallowing Guidelines for Referral to Speech-Language Pathologists (SLPs)

Most Common Etiologies:

- Congenital heart disease
- Craniofacial disorders (e.g., cleft lip/palate)
- Gastrointestinal conditions (e.g., tracheoesophageal fistula, gastroesophageal reflux disease)
- Nervous system disorders (e.g., cerebral palsy, meningitis, encephalopathy)
- Prematurity/low birth weight

Related Terms:

Aspiration, choking, coughing, cough reflex, cyanosis, dysarthria, dysphagia, endoscopic evaluation of swallowing, failure to thrive, gag reflex, gastrostomy tube, intubation, modified barium swallow, nasogastric tube, scintigraphy, silent aspiration, structural deviation, tracheostomy, ultrasonography, videofluoroscopic swallowing study

Potential Consequences:

- Risk for illness or death due to aspiration, malnutrition, or dehydration
- Loss of independence due to modified or non-oral feeding requirements
- Postural/body movement restrictions due to compensatory postures to facilitate swallowing/feeding

- Limitations in reaching developmental potential for learning and socialization
- Compromised quality of life by limiting oral feeding, preferred foods, liquids, and/or dietary variety

Behaviors¹ That Should Trigger an SLP Referral

Developmental signs/symptoms

Infant does not

- consume more than 1–3 ounces at meal
- routinely remain awake after consuming first few ounces of liquid

By 6 months cannot

- sit up for spoon feeding
- close lips around spoon to receive and eat semisolid foods

By 9 months cannot

- suck liquids from cup
- attempt to assist with spoon
- feed self “finger foods”

General signs/symptoms

- meals take longer than 30 minutes
- selective food refusal, feeding resistance, or forced feeding by caregiver
- stressful mealtimes for child and caregiver
- lack of weight gain over 2–3 months (in young children)
- irritability, lack of alertness, or lethargy during feeding
- unable to sit up independently and hold head up
- neck hyperextension or other unusual head/body movements during eating/drinking
- arching and stiffening of trunk and limbs
- overreaction or no reaction to liquid/food in or around mouth
- limited oral intake
- failure to accept new age-appropriate foods
- failure to accept varying food textures/consistencies
- feeding/swallowing skills not commensurate with other developmental skill areas (cognitive, communication, and motor)

¹Behaviors are clustered to indicate different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

Oral motor signs/symptoms

- delayed or difficult initiation of swallows
- food remains in mouth after swallow
- excessive gagging on saliva during meals
- excessive drooling
- nasopharyngeal regurgitation
- ineffective chewing/swallowing
- excessive leakage of food/liquid from mouth

Upper airway signs/symptoms

- gurgly voice quality
- noisy breathing during eating and drinking
- cycle of audible, noisy breathing, then cyanosis with feeding
- hoarse, breathy voice quality

- weak or absent gag and/or cough reflex
- snorting or choking related to nasal obstruction
- frequent coughing/gagging during mealtimes
- increased congestion after eating, drinking
- recurrent pneumonia/upper respiratory infections
- difficulty coordinating eating/feeding and breathing

Gastrointestinal tract signs/symptoms

- frequent vomiting/large amounts of spitting up
- irritability related to discomfort
- compromised weight or growth
- poor nutritional status
- restricted intake at meals (prefers smaller, more frequent meals)

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