

Newborn Critical Care Center (NCCC) Clinical Guidelines

Feeding Referrals

Consider Referrals for Following Conditions:

- Any infant born at less than 28 weeks
- Cleft lip/palate—therapists can provide special bottles, parent education and follow-up services
- Airway obstruction, craniofacial anomalies, syndromes associated with feeding issues. Example: Pierre Robin, micrognathia
- Vocal cord paralysis/dysfunction, stridor, tracheostomy
- Infants going home without oral feeding and gastrostomy tube patients
- Infants with chronic lung disease
- Infants with pharyngomalacia/laryngomalacia
- Infants with neurological conditions that may affect their ability to successfully feed orally, for example: HIE, Grade III and IV hemorrhage, hydrocephalus
- Infants with poor secretion management, drooling, absent gag or swallow reflex
- Infants who are unable to orally feed but are appropriate for oral stimulation

Speech Therapy

- Provides evaluation and treatment for all patients with a focus on aspiration risk
- Performs modified barium swallow studies
- Provides outpatient follow-up evaluations and swallow studies as well as outpatient therapy for those babies with long-term feeding concerns. A referral can also be made to the outpatient “Feeding Team” which includes Speech Therapy, Dietician and Pediatric Gastroenterology

Outpatient Scheduling

Infant Care Coordinators will assist with outpatient scheduling of patients for follow up with the Feeding Team:

- Claire Barber, RN (984-974-2601)
- Jacki Granholm, RN (pager 216-2140)

If you have specific questions regarding referrals or outpatient follow-up, please contact:

Stephanie McAdams

Assistant Director, Speech Pathology/Speech Rehabilitation Therapies

Phone 984-974-8872 • Fax 984-974-9611