Complicated Eating Issues Related to Medical/Genetic/Behavioral Sequelae

How to individually treat with team approach for developmental improvement and success
Team Approach Common Now

- State and institution driven
- Outcome results/insurance/costs
- Degree and increase of multiple developmental issues
- Hospital developed teams
- Prenatal and postnatal treatment for drug exposure
- Telemedicine
- Electronic medical record section for team plan
Build a Team

- Disciplines
- Scheduling – time frames
- Individualized plan
- Team evaluation – initial/ongoing
- Family/caregiver/patient evaluation and needs
- Scheduled therapy – who and what
- Follow-up and monitoring goals

PLAY THERAPY
Consistent Approach and Delivery

- Individually designed:
  - Family friendly
  - Patient specific
  - Global plan with
    - time frames
    - desired outcomes
  - Follow-up
  - Adjustments
  - Team and family input
Nutritional Health

- Close monitoring of nutrition and growth
  - BMI progress - inactive children may need lower calories than RDI so individualize– plan scheduled lab monitoring if lower calories
  - Nutrition development for gestational age (corrected)
  - Exposure to texture and flavor – age appropriate
  - Dental evaluations at appropriate corrected age
Team Leader

- Per team composition - can be a distinct position within team
- Could be lead by therapist who must see patient often depending on patient condition/disease process
- Job duties
  - Follow patient issues to evaluate care delivery and process – interact with/guide family
  - Assign follow-up for needed team/specialist care
  - Schedules care conferences for update/plan
Environmental Assessment

- Should be considered within the team based on family/patient condition
- Safe water supply
- Living in a non-toxic housing situation
- Number of care givers – who needs to be trained
- Safety for personal health and patient
- Physical limitations
- Transportation
Long Term Growth Needs

- Intake needs – individualized
- Protein main growth nutrient must maintain when lower calories
- Emphasis on overall growth not just weight gain
- Bone status – growth and lay down
- Catch up growth MUST be individualized
- Reasonable curve growth overall
Evaluating growth status

- With children with medical issues which affect growth it is best to follow the patient’s own curve definition.
- Correct for prematurity until at a minimum of one year of life or until infant has established their own curve/growth pattern.
- Use BMI as an indicator of body mass adequacy.
Feeding Modality

- Patient specific
- Team plan
- Developmental /gestational age appropriate
- Dental health plan
- Staged therapy involving team
Modifying Texture/Recipe per Patient and Nutrient Needs

- Underweight
- Overweight
- Development/texture
- Lab abnormalities
- Allergy/sensitivites
- Availability
- Family resources
- Safety/sterility
Monitoring

- GI tolerance and functionality is foremost
- Advancement plan with family input
- Coordination with allied health and therapy
- Growth and developmental expectations
Plan for Set Backs and Failure

- When therapy hits a standstill – the team and family should meet to make adjustments and develop action to handle the change
- Crisis – infection, failure of treatment – discuss change in context of overall long term goals – always heading/looking forward.
- Use existing plan as much as possible
- Always set goals with time frames and evaluation
Unexpected Illness

- Team input/meeting
- Use as much of personal plan as possible
- Discuss steps for getting on track so everyone knows the plan- assist family with supplies/follow-up
- Schedule update meetings with the team
Advancement

- Medical Nutrition Therapy should be advanced for growth expectation on all patients
- Consider a standardized check-off to be used when team plan/method is put into place with dates.
- If making an assertive plan; consider mapping out calendar for achievement expectations broken down into steps for family and team
Adding a New Professional/Discipline

- Meeting with Team Leader prior to family/team meeting to delineate treatment
- Have new professional meet with team and explain what suggested therapy/plan/outcome is expected
- Schedule a Care Conference with family for discussion/implementation
Standardized Team Plan Documentation

- If you are starting a new team system, consider a team electronically built note/documentation.
- Investigate other hospital or community based therapy systems or programs to see if there is anything being used in which you can develop a similar system.
- Include scheduled dates for the team follow-up or individual therapy for patient therapy.
Reaching Out

- In the pediatric world, many of us have one of a kind medical issue with a patient which we have never seen with low incidence in country or world.
- Contacts are a “google” away to get input on therapy approach and expectations. It is helpful to organize a team query with all team members who will be treating the patient to be efficient for a consultation for therapy options.
Open the floor for questions

- Please one question per person to start
- I may open the floor for input from the audience if I feel my exposure/experience in the question area is limited
- I highly recommend networking with other teams in your state or nationally to those who treat similar medical conditions you do
- I have been working with a medical pediatric team from the beginning of my career – good solid medical approach.