

F e e d i n g



and
S w a l l o w i n g
PROCEDURES

Macomb Intermediate School District
Center Programs
www.misd.net



Macomb Intermediate School District

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www.misd.net

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MISSION

Macomb Intermediate School District:
Service, Support and Leadership

VISION

We are the Macomb Intermediate School District.

We provide quality service to special education and general education students, instructional and technical support to school staff, and cutting-edge educational leadership in Macomb County.

We are committed to all the students of Macomb County. To serve them well, we are resolute in involving parents, school personnel, and the community at large, including business, government, and civic organizations as active partners in planning, delivering and evaluating our services.

We work directly with individuals with disabilities who reside in Macomb County School Districts. We serve students of all ages, from newborns to adults, meeting their unique learning needs and supporting their families all along the way.

Within the twenty-one local districts and public charter schools, we focus our efforts on building capacity with school staff. Through quality training and instructional support, we increase their knowledge, skills and abilities, so all students receive a rigorous and effective educational experience.

We promote all aspects of the educational process through our development and support of technology. We provide training in the use of essential technology tools that enhance curricular, instructional and administrative services in our schools and, as a result, opportunities are expanded for all.

We work collaboratively with colleges and universities and are leaders in state and national programs. We anticipate needs and opportunities, all with the single purpose of identifying, developing and implementing programs and practices that, through education, improve the quality of life in Macomb County.

It is the policy of the MISD that no person, on the basis of race, creed, color, religion, national origin or ancestry, age, sex, height, weight, marital status, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in any program or activity for which it is responsible.

F e e d i n g



and
S w a l l o w i n g

PROCEDURES

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foreword

The MISD is committed to educating all students for optimal success. The Center Program staff is dedicated to ensuring that students are able to function and achieve to the best of their abilities. For those students who struggle with essential life skills such as eating and drinking, additional supports are required in the school setting. There continues to be an increase in students with significant medical needs. The MISD is engaged in preparing staff to best meet these specialized needs of individual students.

A team of highly qualified professionals developed these procedures to ensure the needs of students with feeding and swallowing difficulties are addressed and effective plans are established. The team consisted of speech & language pathologists, occupational therapists, teachers, physical therapists, nurses, social workers, and administrators. Dr. Maureen Staskowski, Consultant for Speech and Language Impaired, has facilitated the work of this team for over 3 years. Their work resulted in this manual. Careful consideration has been given to developing meaningful procedures to assist classroom teams in developing appropriate feeding and swallowing plans. This manual will promote quality programs for students, their families, and staff.

Respectfully,

Dr. Patricia Macquarrie, *Assistant Superintendent*
Special Education & Student Services

Beth Alberti, *Senior Director*
Department of Center Programs



introduction

MISD Center Programs Feeding & Swallowing Procedures

The mission of MISD Center Programs is to improve each student's ability to function independently. We do that by developing and supporting comprehensive educational programs in partnership with students, their parents, local educational agencies (LEA) and the community we serve.

Our goal is to assure that students are fed safely and receive the nutrition they need to benefit from their education by developing procedures related to feeding and swallowing for MISD Center Programs. These procedures are designed to promote a systematic approach to the:

- Development of feeding and drinking adaptations
- Documentation of feeding and drinking adaptations
- Consistent use of feeding and drinking adaptations
- Communication of adaptations during staff or student classroom change
- Evaluation of feeding and swallowing difficulties
- Problem solving among team members

Our goals include having an educated staff who recognizes the signs and symptoms of these problems and has the knowledge and ability to implement the most appropriate feeding and swallowing practices.

This guide outlines a process for documenting feeding modifications and the communication of students' needs to the appropriate staff. Procedures are included for addressing concerns related to feeding or swallowing or for further evaluation. Procedures and recommendations are made for the ongoing education of center program staff.



procedures

Related to Individual Student Feeding and Swallowing Needs

The following procedures are designed to meet all students' needs. Please refer to the diagram on page 4 for an overview of these procedures. A feeding and swallowing plan is written and implemented for all students requiring any feeding or drinking adaptation for either therapeutic or safety reasons. Feeding and swallowing adaptations may encompass simple accommodations such as the use of specialized equipment (e.g., scoop dish, cut-out cup, Teflon-coated spoon) or positioning the student to obtain optimal swallow. It also may include more significant modifications such as therapeutic feeding techniques, oral-motor programming, food and texture considerations, limiting portion size, and reducing rate of feeding. Students who do not require any adaptations do not need a feeding plan.

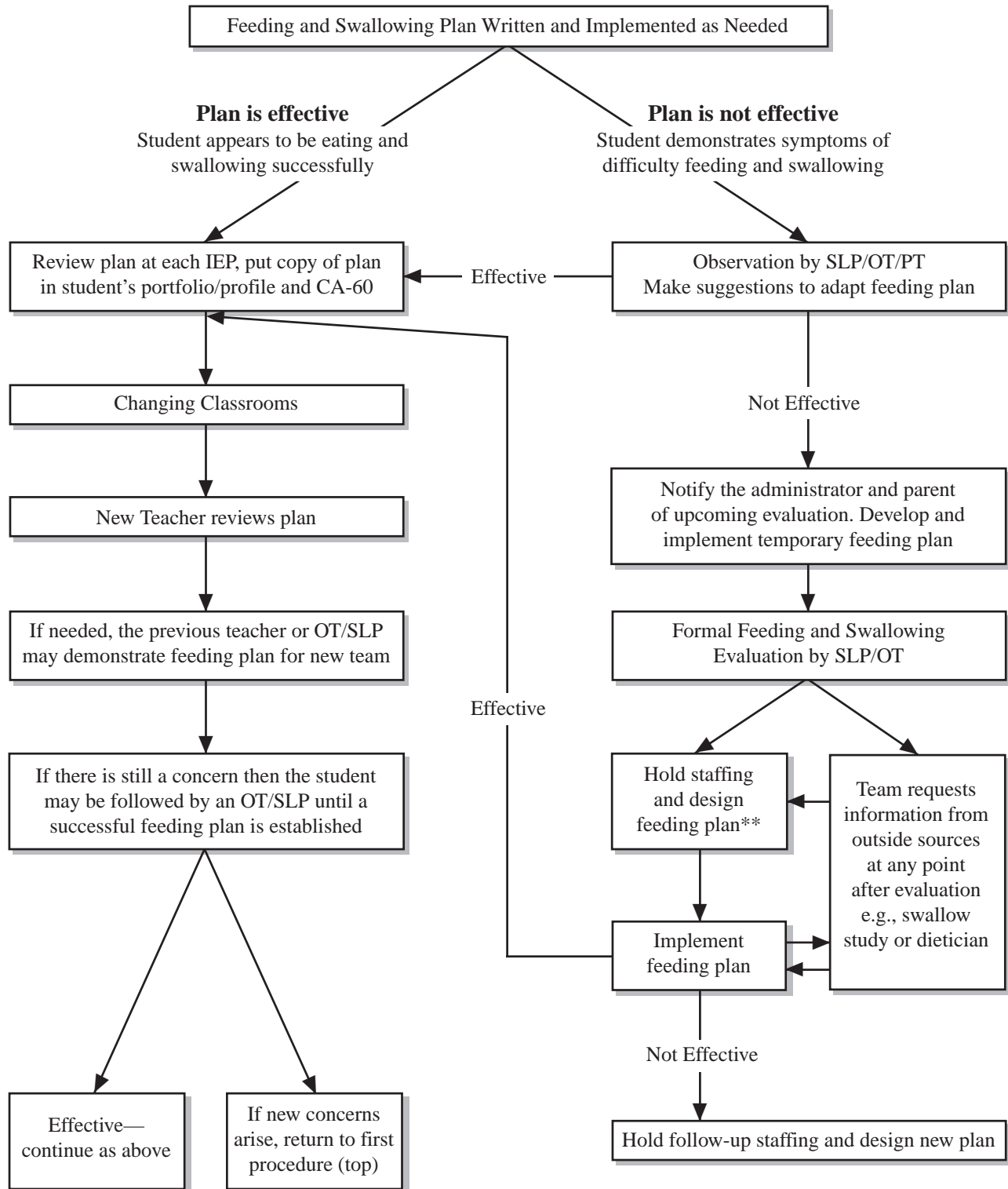
The feeding and swallowing plan is written from the parent and teacher's experience with how the student eats or drinks most effectively. No further evaluation is needed in most cases. The plan is implemented and the team determines whether it is effective. The plan is considered effective when the student appears to be eating and swallowing safely; without symptoms such as:

- Coughing or gagging during meals
- Choking
- Vomiting
- Wet sounding vocalizations
- Gurgly sounding respiration
- Difficulty directing food to be swallowed
- Very fussy eating behaviors
- Spikes in temperature
- Chronic ear infection
- Chronic respiratory problems (pneumonia)

The plan is not considered effective when the staff or family continue to report the above symptoms or difficulties.

MISD Center Program

Feeding and Swallowing Procedures



** If at any point after formal evaluation there is disagreement among participants of staffing see page 27



When the Plan is Effective

The following steps should be followed if the feeding plan is effective and the student appears to be eating and swallowing successfully:

The feeding and swallowing plan should be referenced in the student's IEP. See the section **Feeding and Swallowing and the IEP** (page 11) for further information about how to document this information. All staff should be made aware of the required adaptations and be provided with instruction if needed. A copy of the plan should be placed in the student's portfolio/profile and in the CA-60. The plan should be modified or updated and disseminated to parents and staff as needed.

The feeding and swallowing plan should be reviewed at each subsequent IEPT. The staff and family should make changes in the plan to reflect current feeding practices that the student requires to be fed safely.

It is important that information related to the plan be shared when the student changes classrooms. The new teacher reviews feeding plan. The previous teacher, speech-language pathologist (SLP), or occupational therapist (OT) may be asked to demonstrate the feeding plan for the new team if needed. The current therapists may be consulted if there are questions or concerns.



When the Plan is Not Effective

The feeding plan is considered not effective when the student demonstrates symptoms of difficulty eating and swallowing. These symptoms may include:

- Coughing or gagging during meals
- Choking
- Vomiting
- Wet sounding vocalizations
- Gurgly sounding respiration
- Difficulty directing food to be swallowed
- Very fussy eating behaviors
- Spikes in temperature
- Chronic ear infection
- Chronic respiratory problems (pneumonia)

It is **imperative** that staff recognize these symptoms as potential swallowing problems and initiate appropriate steps to alleviate the symptoms, as follows.

The teacher or parent should contact the OT or SLP who services the student's classroom if the feeding plan is not effective. The SLP or OT may make suggestions to adapt the feeding plan. This action alone may result in safe and successful feeding as demonstrated by reduced symptoms of feeding difficulty. The plan is documented (return to section "When the Plan is Effective" pg. 5) if this is the case.

If the feeding and swallowing concerns continue, the SLP or OT should notify the building principal and parent of the difficulties and plan to begin a feeding evaluation. See page 12, "Notification of Feeding and Swallowing Concerns."

A temporary feeding plan will be designed and implemented until a formal feeding plan is in place. This temporary plan is written on a **STUDENT FEEDING AND SWALLOWING PLAN** with a notation that it is temporary until an effective plan is developed.



The temporary plan may include minor adaptations such as limiting portions or consistencies as tolerated. **In more serious situations**, the team may determine that while the evaluation proceeds the family would feed the student on school premises or that the child not be fed orally at school. It is recommended that the family consult their doctor or dietician to assist in developing the temporary feeding plan.

A formal feeding and swallowing evaluation is completed by the SLP/OT. The Feeding and Swallowing Evaluation is filled out through interviews, observations and information from the parent questionnaire. The SLP/OT makes recommendations for feeding and swallowing.

At any point after the evaluation, the team (including the family) may request information from an outside source. This usually occurs when the student continues to demonstrate symptoms of swallowing difficulties despite the team's efforts to evaluate and attempt various modifications. This may include the student's physician, a request for a swallow study, or input from a dietitian.

Student's Physician

The family or educational team may desire evaluation, input, or clarification of previous input or prescriptions from the student's physician. Once communication is received from the physician, the educational team follows up with the physician with a signed release (page 24) as needed to assure that the team is working collaboratively with the physician.

Swallow Study

The team recommends that the family speak with their physician about obtaining a prescription for a swallow study when they feel that evaluation and attempts to modify feeding have not resulted in a reduction in symptoms of difficulty swallowing. When a swallow study is suggested, the team will provide pertinent information to the family. This will include the reasons for the request and general information about a swallow study (page 18). The family is asked to sign a release of medical information. A letter or report is sent to the physician explaining the request and the family obtains a prescription from the physician for a swallow study (modified barium swallow study or



MBSS). The family selects a medical facility based on their physician's referral and insurance coverage. The school team may help with this process by providing a list of agencies that perform this study. The SLP or OT contacts the selected facility to coordinate and share information (see letter, page 25) once the family has signed the release of information and selected a facility. The SLP and/or OT may make arrangements to attend the study with the family.

Dietician

There is referral information on page 26 when the services of a dietician are needed.

After the evaluation and any outside information is gathered a staffing is held to discuss results and to design a feeding plan. The feeding plan is implemented and continued as long as it is effective. A follow-up staffing is held and a new plan is designed and implemented if the feeding plan is not effective. Additional evaluation information is gathered as needed.

Please refer to "Procedures Related to Disagreements Post MISD School Team Formal Evaluation" if at any point after the formal evaluation there is disagreement among team participants.



documentation

Student Feeding and Swallowing Plan

Feeding Plan

All students who require adaptations for feeding or feeding equipment for therapeutic or safety reasons should have a written feeding plan. This document (on the following page) is purposefully kept to one side of one page. It is meant to reflect the most crucial information related to safe eating and drinking for a student. Once an effective Feeding and Swallowing Plan is developed, it should be referenced in the student's Individualized Educational Plan (IEPT). When a feeding plan is developed for a student for the first time, it should be referenced in the student's next IEP that there is a feeding plan on file.

All staff should be made aware of the required adaptations and be provided with instruction if needed. A copy of the plan should be placed in the student's portfolio/profile and in the CA-60.

The plan should be modified or updated and disseminated to parents and staff as needed throughout the school year.



Student Feeding and Swallowing Plan

Date _____

Review Date _____

Review Date _____

Student _____ Teacher _____

Allergies _____

Equipment Dish _____ Utensil _____

Cup _____ Straw _____

Need for help? Independent _____ Assisted _____ Dependent _____

Explain _____

Food Consistency Pureed _____ Ground _____ Chopped _____ Mashed _____ Bite size _____

Liquids No liquids _____ Thickened liquids _____ (Check consistency)

Nectar Consistency _____ Honey Consistency _____ Pudding Consistency _____

Tube Fed _____

Tube Fed/ Nothing by mouth _____ Tube and Oral Fed _____ Amount fed orally _____

PROCEDURES

Amount of food per bite _____

Food placement _____

Wait time (allow time for student to swallow multiple times between bites) _____

Behavior Techniques _____

Phrases used _____

Student's Communication or signals during feeding _____

_____ Keep student in upright position _____ minutes after meal

_____ Encourage student to cough to clear throat _____ Offer a drink after _____ bites

Other _____

POSITIONING

1. Sitting posture _____

2. Chair/seating device _____

3. Head position/support _____

4. Trunk control/support _____

5. Other _____

Check here if there is ongoing **Oral Motor Program** _____ (See Therapist/Plan)



documentation

Feeding and Swallowing in the IEP

Documenting Effective Feeding Plans

An effective Feeding Plan is documented or referenced in the IEPT. The specifics of the plan are not written in the IEP as they may change over the course of the year. Record the following performance and needs on the IEPT section/page for “Present Levels of Educational Performance” under “Other”:

- **Performance Levels:** Student Feeding and Swallowing Plan is required for safe eating/drinking and will be modified as needed.
- **Statement of Need:** Implement Student Feeding and Swallowing Plan

Documenting Feeding/Swallowing Concerns

The following should be written in the IEPT if there is a feeding/swallowing concern and an evaluation is needed or in progress. On the IEPT page for “Present Levels of Educational Performance” under “Other” record the following performance and needs:

- **Performance Levels:** Student is exhibiting difficulties feeding
- **Statement of Need:** Implement *temporary* Student Feeding and Swallowing Plan until a long term Feeding Plan is developed .

Documenting Intervention related to Feeding and Swallowing

IEPT goals relating to improved feeding and swallowing are written when the IEPT team feels it is appropriate. These goals may be the responsibility of the SLP, OT, or teacher. Goals may be written under several different instructional areas, such as:

- Self-Help
- Oral-Motor
- Sensory



Notification of Feeding and Swallowing Concerns

Designated team member: Complete top half of this form and submit to building principal to alert him/her of situation. Contact parent and discuss plan for student. Write parent responses on bottom half of form below and submit to administrator for their reference.

Date _____

Student _____

The classroom has identified the following feeding and swallowing concerns for this student:

- _____
- _____
- _____
- _____

Further evaluation is recommended. Parent will be contacted.

Parent made contact on _____
(date)

Parent response _____



Parent Input – Feeding and Swallowing

Student _____ Date of Birth _____

Current Height and Weight _____ Physician _____

Allergies _____

Does your child feed himself/herself?

- Yes, independently
- Yes, with assistance
- No

Does your child enjoy mealtime? _____

How do you know when your child is hungry? _____

How do you know when your child is full? _____

How long does it take your child to complete a meal?

- 10–20 min.
- 20–30 min.
- 30–40 min.
- 40–50 min.
- >60 min.

Does your child have difficulty with any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> Choking during a meal | <input type="checkbox"/> Tongue thrust | <input type="checkbox"/> Very fussy eating behaviors |
| <input type="checkbox"/> Coughing with or without spraying of food | <input type="checkbox"/> Swallowing | <input type="checkbox"/> Spikes in temperature |
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Breathing | <input type="checkbox"/> Chronic ear infection |
| <input type="checkbox"/> Noisy breathing | <input type="checkbox"/> Gurgly or “wet” voice | <input type="checkbox"/> Chronic Respiratory problems (pneumonia) |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> Vomiting | |
| <input type="checkbox"/> Biting on utensils | <input type="checkbox"/> Drooling: | |
| <input type="checkbox"/> Being touched around the mouth | ___ constant | ___ frequent |
| | ___ occasional | |

Was or is your child fed through feeding tube?

- Yes
- No

If yes, then when? _____

Why? Aspiration Medication only Transition to Oral Feeding Liquids only Other



Parent Input – Feeding and Swallowing

What are your child's food preferences?

Likes

Dislikes

_____	_____
_____	_____
_____	_____
_____	_____

What kinds of food does your child eat?

- Liquids Thickened liquids Pureed Mashed Ground
 Chopped Bite-sized pieces Table foods (whatever your family is eating)

Does your child take any nutritional supplements?

- Yes No If yes, specify _____

Do certain foods/liquids appear to be more difficult for your child to eat? _____

How is your child positioned during feeding?

- Sitting in a chair at a table Sitting in a wheelchair Sitting Held on lap
 Reclined Lying down Other

What utensils are used?

- Bottle Spoon Sippy cup Cup (no lid)

Other adaptive equipment _____

Has your child ever had a swallow study?

- Yes No If yes, when? _____

What were the results? _____

Additional Comments or Concerns _____

Parent Signature

Date



Feeding and Swallowing Evaluation

The feeding and swallowing evaluation is completed by the classroom team lead by the SLP and/or OT. The evaluation includes the following areas of assessment:

- Positioning
- Reflexes
- Tactile Responses
- Food Consistencies
- Food Preferences
- Therapeutic Spoon Feeding
- Oral Structures
- Oral Musculature During Chewing/Drinking
- Drinking
- Swallowing Concerns
- Response to Feeding

The SLP or OT leading the evaluation completes the following evaluation report.



Feeding and Swallowing Evaluation

Student _____ Date _____

Evaluator(s)/Title(s) _____

Classroom Teacher _____

POSITIONING

	Concerns	Recommendations
Hips		
Trunk		
Head/Neck		
Arms/Hands		
Legs/Feet		

List Seating Equipment Used _____

REFLEXES

	Normal	Hyper	Hypo	Absent
Gag reflex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite reflex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooting	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Comments _____



Feeding and Swallowing Evaluation

TACTILE RESPONSES

	Response to Stimulation	Recommendations
Body		
Face		
Mouth		
Lips		
Tongue		
Teeth		

FOOD CONSISTENCIES Pureed Ground Mashed Chopped Bite size
 Mixed (Indicate consistencies of mixtures) _____

FOOD PREFERENCES List any food preference related to:
 Texture _____
 Taste _____
 Temperature (i.e. hot/cold/warm) _____
 Reaction to non-preferred foods _____

THERAPEUTIC SPOON FEEDING Spoon Use

Removes food with	<input type="checkbox"/> suckle	<input type="checkbox"/> suck
Waits quietly for spoon	<input type="checkbox"/> yes	<input type="checkbox"/> no
Opens mouth when food is presented	<input type="checkbox"/> yes	<input type="checkbox"/> no
Active participation in removing food	<input type="checkbox"/> yes	<input type="checkbox"/> no
Lips assist	<input type="checkbox"/> yes	<input type="checkbox"/> no
Moves food posteriorly well	<input type="checkbox"/> yes	<input type="checkbox"/> no
Licks lips clean	<input type="checkbox"/> yes	<input type="checkbox"/> no
Position of tongue when spoon is present	<input type="checkbox"/> thin & cupped	<input type="checkbox"/> humped <input type="checkbox"/> posterior
Amount consumed	_____ in _____ minutes	
Recommendations	_____	



Feeding and Swallowing Evaluation

ORAL STRUCTURES & MUSCULATURE DURING CHEWING

		Concerns	Recommendations
Jaw	Movement		
	Bite Alignment/Pattern		
Teeth			
Tongue	Elevation		
	Left lateralization – moves from tongue to chewing surface & from side to side		
	Right lateralization – moves from tongue to chewing surface & from side to side		
	Front-to-back Movement – moves food posteriorly		
	Protrusion/Thrust		
Lips			
Palate			

Drooling yes no

Comment _____



Feeding and Swallowing Evaluation

DRINKING

- Liquid Consistencies**
- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Unthickened | <input type="checkbox"/> Nectar | <input type="checkbox"/> Honey | <input type="checkbox"/> Pudding |
| Moves liquid with | <input type="checkbox"/> suckle | <input type="checkbox"/> suck | <input type="checkbox"/> unable to use cup |
| Tongue thrust | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Tongue retraction | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Anterior loss | <input type="checkbox"/> none | <input type="checkbox"/> minimal | <input type="checkbox"/> excessive |
| Appropriate jaw opening | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Jaw thrust | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Stabilizes cup by | <input type="checkbox"/> tongue under cup | <input type="checkbox"/> biting cup | <input type="checkbox"/> other |
| Upper lip closes over cup | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Up/down sucking motion | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| Coordinated breathing with sucking/swallowing | <input type="checkbox"/> yes | <input type="checkbox"/> no | |

Type of cup needed _____

Response to thickened liquids _____

Recommendations _____

SWALLOWING CONCERNS

- | | |
|--|---|
| <input type="checkbox"/> pneumonia or history of pneumonia | <input type="checkbox"/> gagging |
| <input type="checkbox"/> delayed swallow | <input type="checkbox"/> coughing |
| <input type="checkbox"/> multiple swallows | <input type="checkbox"/> wet voice |
| <input type="checkbox"/> chronic low grade fever | <input type="checkbox"/> congestion |
| <input type="checkbox"/> chronic, copious, clear secretions | <input type="checkbox"/> concerns related to weight |
| <input type="checkbox"/> oral cavity not clear after swallow | <input type="checkbox"/> tongue pumping |
| <input type="checkbox"/> larynx does not elevate properly | |

RESPONSE TO FEEDING

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> alert throughout | <input type="checkbox"/> lethargic | <input type="checkbox"/> irritable |
| <input type="checkbox"/> facial grimacing | <input type="checkbox"/> anxious | <input type="checkbox"/> irregular or audible breathing |
| <input type="checkbox"/> refusal | <input type="checkbox"/> vomiting | <input type="checkbox"/> increased hypertonicity |
| <input type="checkbox"/> reflux | <input type="checkbox"/> fatigue | <input type="checkbox"/> facial reddening |
| Other _____ | | |

Completed by/Title _____

Completed by/Title _____



Swallowing Study Referral Procedures

In some cases, a student continues to demonstrate symptoms of feeding and swallowing difficulties even after the team has completed an evaluation and despite various attempts to modify the way a student eats or drinks. In these cases the team may wish to recommend that the family seek a swallow study for the student.

The team may recommend to the parents that the parents seek a swallow study for the student at any point after the school team feeding and swallowing evaluation. The following steps are suggested:

1. Designated team member contacts family.
2. Team provides:
 - Information about swallow study/procedures (see page 21–22)
 - List of providers (page 23)
 - Release of medical information form (page 24)
3. Parent contacts physician for a prescription for a swallow study and makes appointment.
4. Parent informs school of pending appointment, location, date, and time.
5. Designated team member makes contact with hospital letter and/or call. See sample letter on page 25.
6. Designated team member attends swallow study to share school information, obtain results, and help family interpret recommendations.
7. Team reviews swallow study results and recommendations.
8. Team meets with family to discuss results and develop new feeding plan.

Understanding the Videofluoroscopic Swallow Study

A videofluoroscopic swallow study is a test in which **your** child swallows barium under an X-ray, so the process of swallowing and the movement of food from the mouth to the stomach can be watched.

This study is videotaped so specialists can carefully study the results. It can be called by many different names including “oral-pharyngeal motility study,” “cookie swallow,” or “rehabilitation swallow,” depending on where it is being done.

Why Are They Performed?

Videofluoroscopic swallow studies are recommended when there is concern about how well your child swallows, how well the airway is protected during swallowing, and how well food moves from the mouth to the stomach. Doctors are particularly interested in seeing whether food or liquid is being aspirated (drawn into) the child’s airway. This is a serious situation which can result in chronic lung and breathing problems.

A videofluoroscopic swallow study may be considered for your child if several of the following issues occur regularly:

- frequent choking
- coughing or gagging during meals
- trouble handling saliva
- gurgly respiration
- chronic respiratory problems (such as pneumonia)
- very fussy eating behaviors
- difficulty directing food to be swallowed

Your child’s doctor will make the referral for this study.

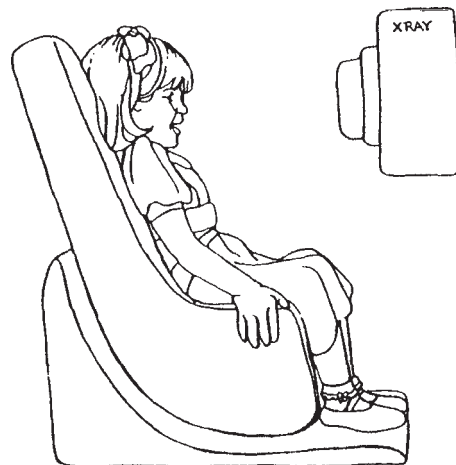
Where Are They Done?

These studies usually are done on an outpatient basis in the X-ray or radiology part of the hospital. Usually the radiologist and a speech pathologist or other feeding specialist are present to interpret the study.

What to Expect

Prior to the study, a complete feeding assessment should take place to evaluate your child’s eating skill. This gives the therapist a head start on knowing how to present the barium and what types of textures will be necessary to use during the study (thin, thick, chewy, and so forth).

The purpose of the videofluoroscopic swallow study is to view as typical a swallow as possible. As a parent, you may be asked to be present during the study, to help your child remain calm. You and any other participants will be required to wear X-ray protection capes.



Your child will be seated in an upright support chair. Views probably will be taken from the front and side.

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Feeding & Nutrition

Your child will be given one or more different textured **barium** mixtures that show up well on X-ray. Some children take thin liquid, and others may take a paste or **chewable** food that has been **coated in barium**. **You** might be **asked** to bring **your** child's **favorite** bottle, cup, and **spoon** to keep the procedure as familiar to **your** child as **possible**. The **barium liquid** and paste can be mixed with **favorite** foods you bring from home.

Your child is given small tastes, and the video X-ray traces the swallow and follows the food or liquid down the throat to the stomach. Not much barium is needed to get a good view of a swallow. Different treatment options may be tried on the spot if the professionals find a problem and want to see how different textures or positions change the results.

Results

The results will be shared with you by your child's doctor, the radiologist, and/or the other specialists present. The future course of action will be discussed and determined by your primary care team.

Special Instructions

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Swallowing Study Referrals

The following constitutes a partial listing of community agencies offering swallow studies. This is not intended as an endorsement of any specific program or provider.

CHILDREN'S HOSPITAL, 2901 Beaubien, Detroit

(313) 745-5461 (Radiology Dept.)

After date is scheduled, contact dietician at (313) 993-7102 to have OT scheduled

Reportedly accepts all insurances.

BEAUMONT HOSPITAL, 3601 W. 13 Mile Rd, Royal Oak

Call (248) 577-9700 to make appointment through Appointment Center.

For questions, call Kathy Rodar at (248) 551-2101.

Accept all insurances.

HENRY FORD HOSPITAL, 2799 W. Grand Blvd., Detroit

(313) 916-4609 (Speech Pathology Dept.)

Accept most insurances, including Medicaid, but no HMO Medicaid.

ST. JOSEPH HOSPITAL, 15855 19 Mile Rd., Clinton Twp.

(586) 263-2521

Contact Pat Wells, Speech Therapist

Accept most insurances, including Great Lakes Health and Total Health Care (Medicaid HMOs)

ST. JOHN HOSPITAL, 22101 Moross Rd., Detroit

(313) 343-3725

Accept Medicaid, but not Great Lakes Health Plan.

ST. JOHN HOSPITAL, (Macomb Hospital Center),

11800 E. Twelve Mile Rd., Warren

(586) 573-5123

Service children 13 year and older, as well as adults.

Accept straight Medicaid, but no Great Lakes Health, Midwest, or Wellness Plan.

****ALL appointments require scripts/referrals from primary care physicians which must include the child's diagnosis.

Insurance information as of May 2004. Please call to verify.



Authority to Obtain and Disclose Information

REGARDING

Student Name _____
Address _____
Birthdate _____
City/State/Zip _____

INFORMATION REQUESTED AND PURPOSE FOR DISCLOSURE

- Authority to Obtain Confidential Information:** I give express authority to the organization named below to release to the Macomb Intermediate School District, any confidential pertinent requested information concerning the above named individual. Once this information is received it may become part of the student's educational record.

Organization Name _____
Address _____

The protected health information is to be disclosed as specified in this authorization. This authorization will expire 180 days from the date of signature, or until you/or your organization has completed the disclosure(s) as requested, whichever is shorter.

- Authority to Release Confidential Information FROM the School:** I give express authority to _____, to release any pertinent requested information concerning the above named individual to:

Name _____
Address _____

Health Information used or disclosed based on this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA's privacy rules.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Principal of the School. I further understand that the School may have already released the information based on my original authorization. However, the School will not release any additional information after receiving my revocation.

Signature (Parent/Guardian/Adult Student/Legal Representative) _____
Relationship _____ Date _____
Copy of Signed Authorization Received by _____

WHITE COPY - FILE YELLOW COPY - PARENT



Sample Letter

Date _____

To Whom It May Concern:

You have an appointment to see our student:

Name _____ Birth Date _____

Diagnosis _____

Special Education Certification _____

Our concerns include:

- 1.
- 2.
- 3.

We have included our most recent feeding and swallowing evaluation to provide you with current diet consistency, presentation, and positioning.

We have included a MISD **Authorization to Obtain and Disclose Information** with this letter. In your treatment plan, please provide information to help the classroom staff develop the optimal and safest diet level and compensatory feeding and positioning strategies. Please provide us detailed information related to:

1. Safest solid and liquid consistency
2. Safest volume and rate presentation
3. Describe any compensatory strategies attempted and their effectiveness

Sincerely,

Name/Title



Dietician

There may be instances when it is appropriate to ask parents to contact a dietician. A dietician can be an integral part of a team that is providing intervention for a student who demonstrates feeding or swallowing difficulties. A dietician can work along with the speech pathologist, occupational therapist or pediatrician to provide information regarding the safest diet that will also provide adequate nutrition. Examples of needs that can be met by a dietician include, but are not limited to:

- Foods that provide additional calories for those students who are failing to thrive
- Amount of calories per day in order to achieve target body weight
- Ounces safely consumed orally, (determined in conjunction with the physician/speech pathologist) if a student is tube fed, just to provide “pleasure foods”
- Ideas for introducing different textures into a child’s diet

In most health care systems, patients are referred to a dietician through the student’s physician. Systems such as Henry Ford Hospital, Beaumont Hospital, St. Joseph Macomb, and St. John Hospital provide outpatient dietician service through physician referral. You may inquire about the dietician’s experience with the special needs population.



procedures

Related to Disagreements Post MISD School Team Formal Evaluation

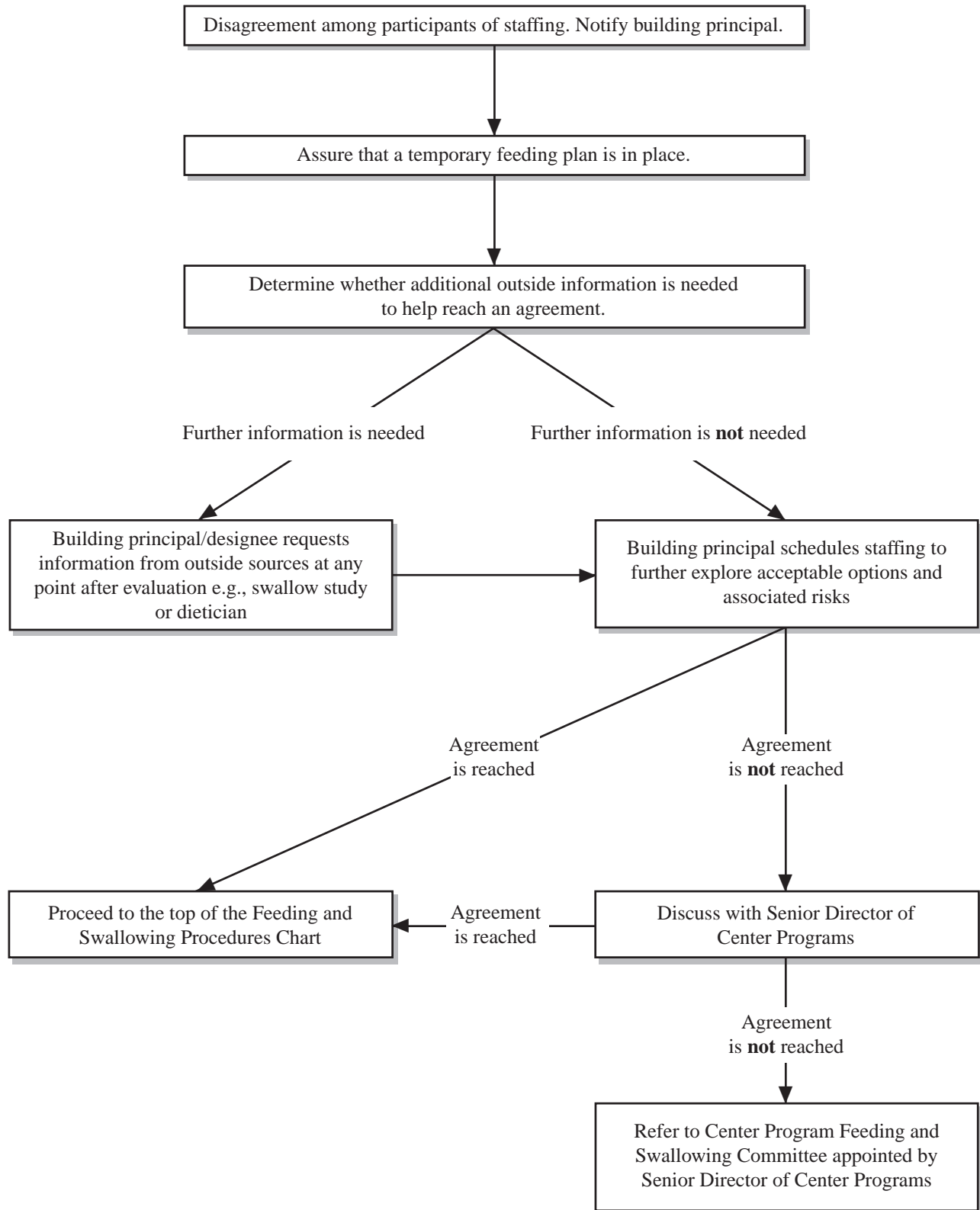
The following steps may be taken when there is a disagreement among any members of the team. Please refer to the diagram on page 28 for an overview of these procedures. The building principal should be notified of any disagreements among participants of the staffing. The team will attempt to reach a compromise regarding a feeding plan under the supervision of the building principal.

The first step is to establish a temporary feeding plan while the team attempts to reach an agreement. A temporary plan should be *short term* and used only as long as it takes to complete or obtain an evaluation, results, or a meeting. The student's team and the administrator develop the plan. The temporary plan may include adaptations such as limiting portions or consistencies as tolerated. *In more serious situations*, the team may determine that while the evaluation proceeds the family would feed the student on school premises or that the child not be fed orally at school. It is recommended that the family consult their doctor or dietician to assist in developing the temporary feeding plan.

The team will determine if outside referrals are needed, i.e. physician, swallow study, or dietician. The building principal will designate a team member to request the necessary information. A follow up staffing is scheduled once the information is obtained.

A staffing is held to discuss the issues and develop a plan on which everyone can agree. The team will follow the standard feeding and swallowing plan if an agreement is reached. The Senior Director of Center Programs is contacted if an agreement is not reached. The Senior Director of Center Programs will appoint a committee with appropriate members. This committee will review the student information and make recommendations for the safe feeding of the student while at school.

Procedures Related to Disagreements Post MISD School Team Formal Evaluation





procedures

Related to Staff Needs for Feeding and Swallowing

Knowledge of Center Program Feeding & Swallowing Procedures

At the beginning of every year, the Center Program Feeding and Swallowing procedures will be reviewed with the staff. Highlights of the flowcharts will be reviewed at this general inservice. Teachers will review the feeding and swallowing plans of their students. The building principal will provide these documents to new staff as part of their orientation. The new staff member's classroom team will provide ongoing instruction and support in the use of these procedures.

Safe Feeding & Swallowing Practices Training/ Knowledge and Skills for Evaluations and Consultations

Some students attending MISD center programs have very specific positioning or feeding procedures and actual demonstration of practices and techniques may be needed for anyone feeding the student. Emphasis should be placed on promoting safe swallowing and maintaining nutrition and hydration.

Professionals and paraprofessionals who work with students experiencing feeding and swallowing difficulties would benefit from "hands' on" training. This includes demonstration of signs and symptoms of feeding or swallowing difficulties, feeding procedures, and therapeutic techniques. The training may be provided by building therapists or outside consultants, as needed. This guided practice may also include demonstrations with students as part of the staff education.

The speech-language pathologist and occupational therapists involved in evaluating and consulting regarding a student's feeding and swallowing issues should have adequate education in this area.



Feeding and Swallowing Committee

The feeding and swallowing task force who developed this manual shall make-up the first of an ongoing feeding and swallowing committee. This committee, consisting of a SLP, OT, PT, social work, nursing, and teaching representatives, will be available to support staff in the implementation of this process. This might include assisting in educating staff about these procedures and answering questions from other staff members related to the process. It could also include development of other materials as needed and amending/reviewing these guidelines annually, or as needed.



Professional Resources Available in the Beal Library

Pediatric Dysphagia Resource Guide
Hall, K.D. (2001)

Swallowing Disorders: Assessment and Treatment
Lajiness-O'Neill, Renée (1989)

Evaluation And Treatment Of Swallowing Disorders
Logemann, Jerilyn Ann (1983)

The Educator's Guide to Feeding Children with Disabilities
Lowman, D.K., Murphy, S.M. (1999)

Beyond Pataka: Evaluation Of The Speech And Swallowing Mechanisms,
Mason, Robert M. (1988)

Source For Pediatric Dysphagia
Swigert, Nancy B. (1998)

Feeding And Swallowing Disorders In Infancy: Assessment and Management
Wolf, Lynn S. (1992)



Macomb Intermediate School District

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