



feeding matters

WHEN TO REFER INFANT SIGNS & SYMPTOMS OF PFD

Pediatric Feeding Disorder (PFD) is impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

IGoday PS, Huh SY, Silverman A, et al. Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework. *J Pediatr Gastroenterol Nutr.* 2019;68(1):124-129. doi:10.1097/MPG.0000000000002188.

Infant and Child Feeding Questionnaire[®] (ICFQ) Screening Tool

6-QUESTION SUBSET

Does your baby/child let you know when he is hungry?	YES	NO	
Do you think your baby/child eats enough?	YES	NO	
How many minutes does it usually take to feed your baby/child?	<5	5-30	>30
Do you have to do anything special to help your baby/child eat?	YES	NO	
Does your baby/child let you know when he is full?	YES	NO	
Based on the questions above, do you have concerns about your baby/child's feeding?	YES	NO	

Red flag answers are in orange. If 2 or more of your answers are orange please contact your pediatrician.

Silverman AH, Kristoffer BS, Linn C, et al. Psychometric Properties of the Infant and Child Feeding Questionnaire. *Journal of Pediatrics.* 2020 August;223:81-86.e2. DOI: 10.1016/j.jpeds.2020.04.040

PFD ICD CODES

Published in 2022 ICD-10-CM

R63.31 Pediatric feeding disorder, acute
R63.32 Pediatric feeding disorder, chronic



INFANT SIGNS & SYMPTOMS OF PFD

Medical

- labored breathing with **and** without feeding
- color changes in lips or face when eating or drinking
- sweating when eating or drinking
- gurgle or squeaking sounds with **and** without feeding
- reoccurring upper respiratory infections
- crying, arching, coughing, grimacing when eating or drinking
- suspected food allergies
- multiple formula changes
- vomiting
- never seems hungry
- physical discomfort when eating or drinking

Nutrition

- unable to eat or drink enough to grow or stay hydrated
- insufficient or too rapid of a change in weight or height
- lack of a certain nutrient, i.e., iron, calcium
- need for nutritional supplements
- reliance on a particular food for nutrition
- need for enteral feeds for nutrition-NG, GT, TPN
- constipation
- limited dietary diversity for age
 - too few fruits and/or vegetables
 - limited or no protein source
 - too few foods eaten on a regular basis

Feeding Skill (12 months or less of age)

- labored, noisy breathing or gasping
- coughing, choking, gagging or retching
- gurgles or wet breaths
- loud and/or hard swallows or gulping
- unable to eat or drink enough for optimal growth
- excessively short mealtimes (~ 5 minutes)
- excessively long mealtimes (~ 30 minutes)
- need for thickened liquids
- need for special food or modified food texture
- need for special strategies, positioning or equipment
- unable to latch to breast or bottle without help
- weak suck
- need for pacing, flow management or rest breaks
- need for special equipment to breast or bottle feed
- often too tired to eat or quickly falls asleep when eating
- breast or bottle feeds best when asleep, i.e., dream feeds
- unable to transition to solids
- unable to wean from breast or bottle

Psychosocial

- unable to come to or stay with the family at meals
- refusal to eat what is offered or to eat at all
- disruptive mealtime behaviors
- unable to eat with others present at mealtimes
- child stress, worry or fear during meals
- caregiver stress, worry or fear when feeding child
- presence of bribes, threats, yelling at mealtimes
- need for distraction and/or rewards for eating
- unpleasant mealtime interactions between caregiver and child

Are signs of PFD present?

If yes, refer early and often for early identification of PFD.

Recommended Referrals:

- Medical Nutrition Feeding skill Psychosocial



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WHEN TO REFER CHILD SIGNS & SYMPTOMS OF PFD

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Feeding Skill (over 12 months of age)

- labored, noisy breathing or gasping
- coughing, choking, gagging or retching
- gurgles or wet breaths
- loud and/or hard swallows or gulping
- unable to eat or drink enough for optimal growth
- excessively short mealtimes (\hat{c} 5 minutes)
- excessively long mealtimes (\hat{c} 30 minutes)
- need for thickened liquids
- need for special food or modified food texture
- need for special strategies, positioning or equipment
- grazing between scheduled mealtimes
- refusal to eat, drink or swallow certain food textures
- needs distraction to eat such as screen time
- needs excessive praise/threats/bribes to eat
- difficulty chewing age-appropriate foods
- unable to eat in new or unfamiliar situations

Psychosocial

- unable to come to or stay with the family at meals
- refusal to eat what is offered or to eat at all
- disruptive mealtime behaviors
- unable to eat with others present at mealtimes
- child stress, worry or fear during meals
- caregiver stress, worry or fear when feeding child
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