

# 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.

Goday 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?		NO
Do you think your baby/child eats enough?		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	
Does your baby/child let you know when he is full?		NO
Based on the questions above, do you have concerns about your baby/child's feeding?	YES	

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 (< 3 months)

R63.32 Pediatric feeding disorder, chronic (≥ than 3 months)

#### Medical

- o labored breathing with and without feeding
- o 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
- $\circ \;\;$  crying, arching, coughing, grimacing when eating or drinking
- suspected food allergies
- multiple formula changes
- vomiting
- never seems hungry
- o physical discomfort when eating or drinking

#### Nutrition

- unable to eat or drink enough to grow or stay hydrated
- o insufficient or too rapid of a change in weight or height
- o lack of a certain nutrient, i.e., iron, calcium
- o need for nutritional supplements
- · reliance on a particular food for nutrition
- o 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
  - o 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)</li>
  - $\circ$  excessively long mealtimes (> 30 minutes)
  - o need for thickened liquids
  - o need for special food or modified food texture
  - $\circ \hspace{0.1in}$  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
  - o often too tired to eat or quickly falls asleep when eating
  - $\circ \;\;$  breast or bottle feeds best when a sleep, i.e., dream feeds
  - · unable to transition to solids
  - o 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
- o child stress, worry or fear during meals
- o caregiver stress, worry or fear when feeding child
- o presence of bribes, threats, yelling at mealtimes
- o need for distraction and/or rewards for eating
- $\circ\hspace{0.4cm}$  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: