

## Swallowing Problems (Dysphagia) In Children

This *Health Facts for You* reviews how to treat problems with feeding or swallowing, known as dysphagia. Dysphagia may be caused by differences in strength, coordination, sensation or timing of the muscles and nerves used to swallow. It is concerning because it can affect your child's health and nutrition.

### Symptoms

Symptoms of dysphagia include:

- Problems sucking, swallowing, and breathing while:
  - Bottle-feeding
  - Breast/chest feeding
  - Drinking from a cup/straw
- Coughing
- Choking
- Gagging
- Color change during or after feeding
- Longer feeding times (more than 30 minutes)
- Trouble chewing
- Congestion during or after feeding
- Change of breathing rate with feeding
- History of pneumonia
- Feeling of food stuck in the throat
- Smaller intake of food or liquids
- Refusing food or liquids that were eaten before
- Failure to gain weight
- Food or liquid in a tracheotomy tube during or after eating
- No interest in new foods, food textures or no interest in trying new foods

### Possible Problems

Swallowing issues may cause food or liquid to go into the lungs. This is called aspiration. Other problems could include:

- Poor nutrition and weight loss
- Dehydration
- More risk for choking or illness
- Frequent respiratory (lung) illnesses/infections like pneumonia
- Not able to manage food or liquids
- Not able to chew or control food or liquids in the mouth
- Not able to eat/drink what would be expected for a child of the same age
- Anxiety about eating/drinking or feeding
- Possible need for feeding tube
- Longer hospital stay

### Diagnosis

If the care team thinks your child has a swallowing problem, they will ask a speech-language pathologist (SLP) to evaluate your child's swallowing.

### Clinical Swallow Test

A licensed speech-language pathologist (SLP) will come to your room to test your child's feeding and swallowing. The SLP will look at most common types of liquids and solids your child eats and drinks. While your child swallows, the SLP will watch and listen for signs of swallowing problems. If the SLP notices these signs, they may perform some more tests.

### **Videofluoroscopic Swallow Study (VFSS)**

This is a special x-ray test. While your child swallows, a video x-ray will be taken of the mouth and throat. There are no needle pokes or IVs. Based on your child's age, your child may swallow barium liquids, semi-solid and solid foods, and possibly pills. The SLP will feed your child as naturally as possible. Parents will be included if possible. You may be asked to feed your child with support from the SLP as needed.

### **Fiberoptic Endoscopic Evaluation of Swallow (FEES)**

This test is done at the bedside. For small infants and children, a parent or caregiver can hold the child during the feeding. A small camera called an endoscope will slide through the nose. This will allow the SLP to look at the throat and watch where the food and liquid goes before and after the swallow.

These tests will show if and where there is a problem. If your child has dysphagia, the SLP will tell you the type of diet and liquid textures needed. The SLP will also suggest:

- Certain bottles for babies
- Cups/utensils for older children
- Other strategies that can help with eating and swallowing

Sometimes, a child may not be able to eat or manage food and/or liquids because of the high risk of foods/liquids going into the lungs (aspiration). Dehydration and malnutrition may occur if the swallowing problem is not treated. If the dysphagia is severe, another source of nutrition and hydration, such as a feeding tube, may be needed.

### **Prescribed Diet**

Diet changes can make it easier and safer for your child to swallow. This could mean different food textures and/or thicker liquids are recommended. Your child may be

prescribed a different solid diet type and/or different liquid texture from the lists below.

### **Different Solid Diets**

- **No solids**
- **Pureed:** Smooth pudding-like texture with no lumps, no chewing ability needed, can be eaten by spoon
- **Minced and moist:** 1/8-inch (2 mm) cubes, minimal chewing needed
- **Soft/Bite-sized:** Bite-sized ¼ inch (0.8 cm) pieces, tender and moist throughout, with no thin liquid leaking or dripping from the food (must be able to chew)
- **Easy to chew:** Soft/tender everyday food textures that require biting and chewing
- **Regular:** Normal diet

### **Different Liquid Textures**

- **No liquids**
- **Moderately thick liquids** (comparable to honey)
- **Mildly thick liquids** (comparable to nectar)
- **Slightly thick liquids** (comparable to half-nectar)
- **Thin liquids:** Regular liquids (thin and easy to pour)

### **Supervised Eating and Drinking**

If your child needs changes to foods and/or liquids, you will likely need to watch them while eating and drinking to watch for any problems. This could mean:

- 1:1 supervision: constant watching
- Intermittent: Checking in frequently
- Independent: Checking on your child as you would have before swallowing problems were identified

## **Giving Medicine**

Medicine may need to be given in a special way. This could mean using only liquid medicine. It could mean that medicine needs to be crushed in puree, or given whole in puree, or given with a different liquid texture. With infants, medicine may be:

- Mixed with some milk in a bottle
- Given with a pacifier
- In a bottle nipple
- Taken with a medicine pacifier

## **Ways to Make Swallowing Safer**

Your child may also need to use special ways to help the food and liquids go into the stomach. There may be positions or ways of feeding that help foods or liquids to move safely past the windpipe.

Based on test results, the SLP will know what feeding methods will increase safety. This could include position changes. There may also be exercises to strengthen the muscles used to swallow. The SLP and care team will give you a plan before you leave the hospital. Also, the SLP may plan for ongoing SLP services after leaving the hospital.

Your child's doctor and SLP will help you to decide if more changes are needed. Another swallow study may be needed before any changes are made.

## **When to Call**

Call if you notice your child has:

- More trouble swallowing
- More coughing
- Choking
- Weight loss
- More congestion with eating/drinking or shortly after a meal
- Fevers (100.5°F or higher)

## **Who to Call**

Call your child's primary care doctor for urgent health questions. Ask your doctor to help you contact an outpatient speech language pathologist.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2025 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8106.