

Swallowing Problems (Dysphagia) In Children

About Dysphagia

Dysphagia means your child has problems with feeding or swallowing. This could mean problems with using the mouth, lips and tongue to control food or liquid. It could also mean problems in the throat during swallowing. It may be caused by differences in strength, coordination, sensation or timing of the muscles and nerves used to swallow. Dysphagia causes concern because it can affect your child's health and nutrition.

Signs and Symptoms of Dysphagia

- Problems sucking, swallowing and breathing while bottle-feeding, breastfeeding or drinking from a cup or 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 of Dysphagia

Your child may have problems because of swallowing issues. This could include food or liquid getting 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

How Dysphagia Is Diagnosed

If your child's doctors or nurses think 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 do one of the tests below.

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 and/or 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. 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 (4 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 check on 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 or 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 make a plan for ongoing SLP services after leaving the hospital.

Your child's doctor and speech pathologist should help you to decide if further changes are needed. Another swallow study may be needed before any changes are made.

When to Call

Reasons to call many include:

- 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 medical 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 ©8/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8106.