

Multi-disciplinary Cardiac Feeding Clinic

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Outline

- Establishing the clinic
- Identifying patients
- MDT Team
- Pathway and prioritisation
- Intervention
- Case example
- Strengths and limitations
- The Future

Why we started a Multi-disciplinary Cardiac Feeding Clinic?

- Cardiac population are at risk of feeding difficulties pre and post surgery ¹³
- No/limited input to support cardiac children pre-surgery
- Early and full 'rehab' associated with better outcomes ^{8,12}
- MDT working has strong evidence base ^{5,10,11,14}
- Extension of inpatient therapy
- Variability of community outpatient follow up services (access to and specialist skills) ⁶



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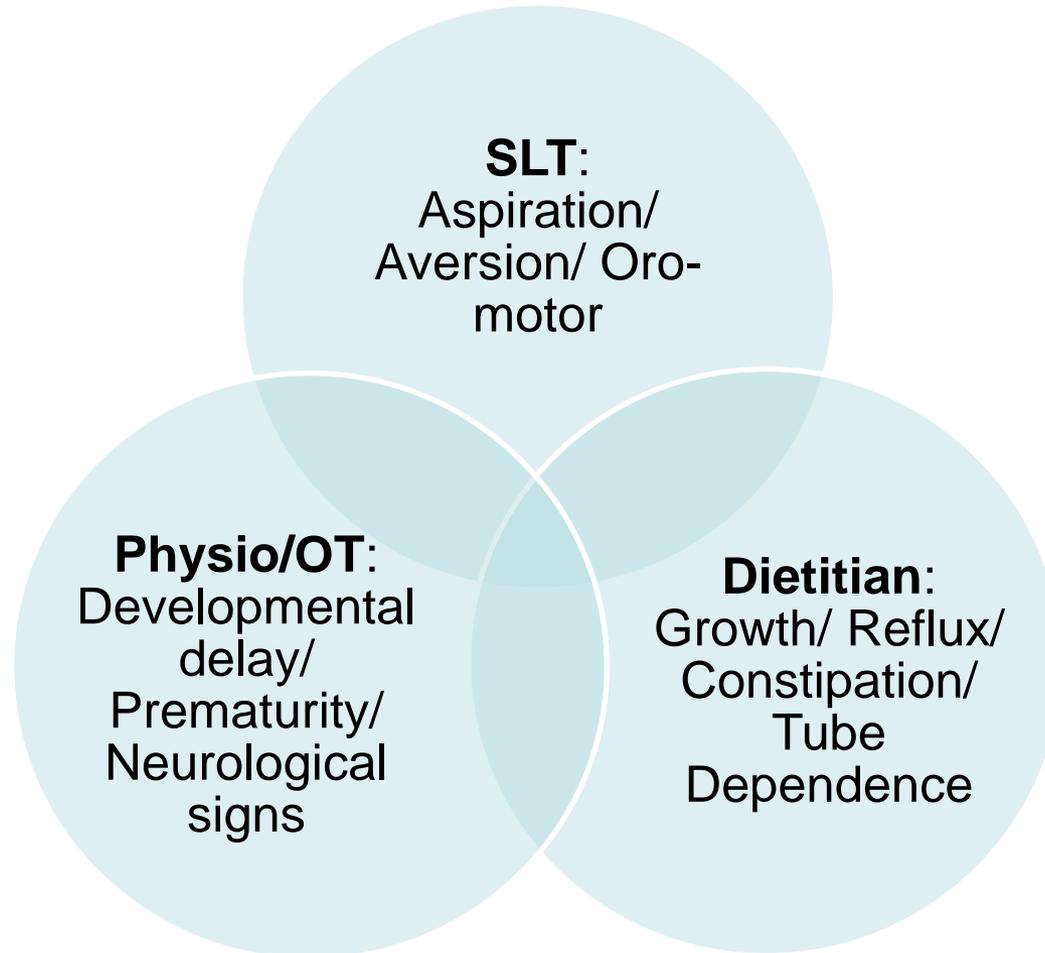
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Identifying those in need

- Complex congenital heart disease
- Complex surgery ^{1,2,3,7,9,15}
- Prolonged ventilation ^{2,3,4,7,13}
- Syndromes/ co-morbidities ^{2,13,15}

Core Team



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Extended Team

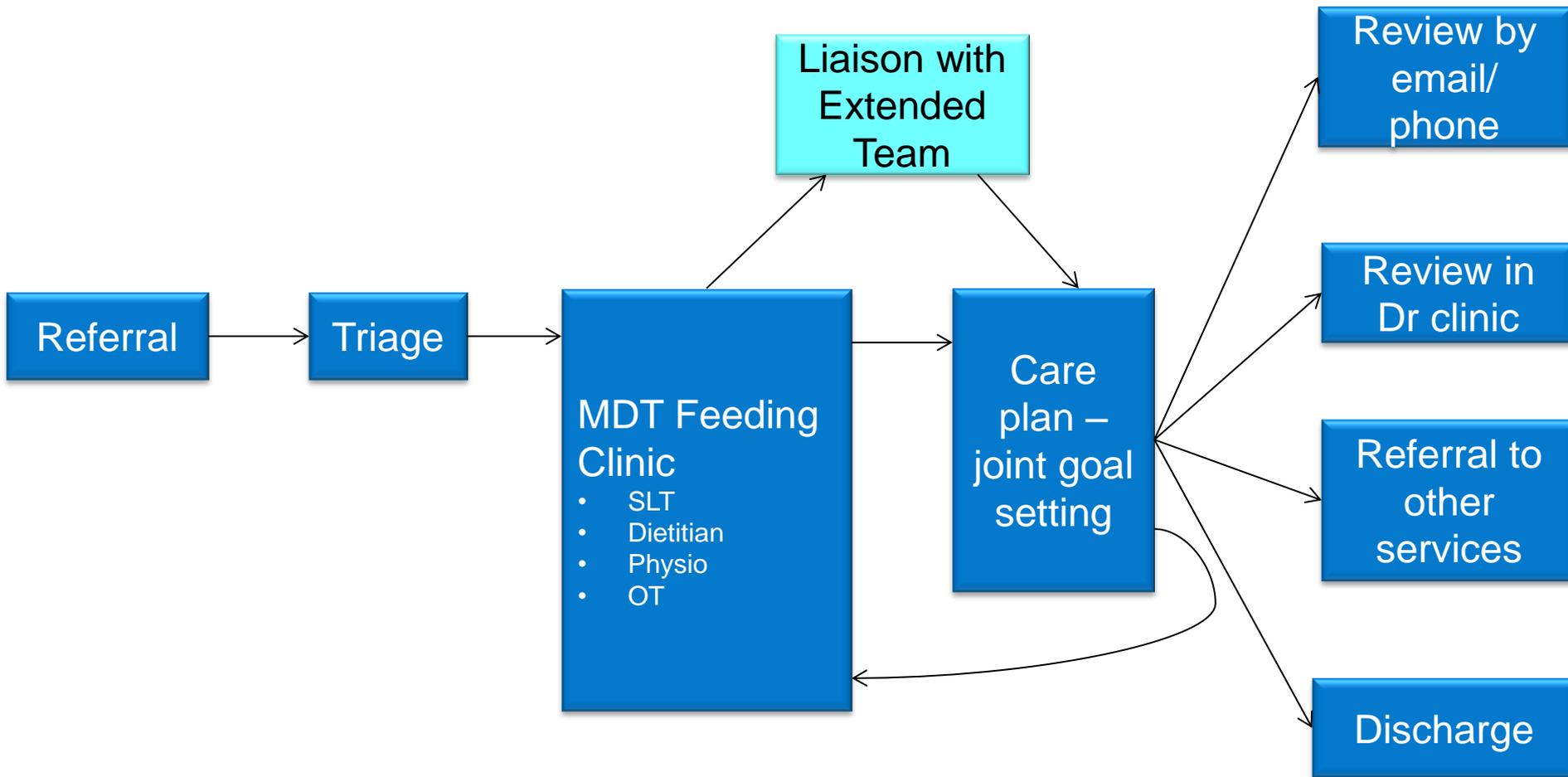
Within Hospital:	Outside Hospital:
Family	Family
Medical Team (inc. Cardiologist, Gastro, ENT, Neuro)	GP/ Paediatrician
Psychology	Health Visitor
Play team	Community Nurses
CCN	CCN
	Dietitians
	Physiotherapists/ Occupational Therapists
	Speech and Language Therapist



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Feeding Clinic Pathway



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Prioritisation

- Priority based on:
 - Heart status
 - Feeding and developmental need
 - Access to local services

Score	Level	Input
10+	High	Monthly
7-9	Medium	3 months
4-6	Low	6 months

Intervention

- Tube weaning
- Managing aspiration risk (pre and post surgery)
- Maintaining oral feeding/ oral feeding skills
- Ensuring adequate hydration, nutrition and growth
- Supporting development of feeding and other milestones
- Educating parents/ carers/ colleagues

Case example (AVSD)

Timing	Issue	Intervention
Outpatient 1 month old, pre-surgery	Faltering growth; small frequent bottle/breast feeds	NGT Small oral feeds
Inpatient 3.5 months old, post-surgery	No breast milk Coughing with bottles Not taking full volume orally	Thickener NGT
Outpatient 5 months old	Losing weight 1-2 hours to feed	High calorie milk Restart thickener Limit feed to 30mins
Outpatient 7 months old	Limited progress Head circumference	Purees
Outpatient 9 months old	Hypotonic in limbs	Physio exercises Supported sitting Spoon placement
Outpatient 11 months old	Increased volumes	NGT removed.



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Strengths of MDT feeding Clinic

- Early intervention
- Timely and consistent input
- Co-ordinated care
- Integrated aims
- Support for families (esp. during 'waiting for surgery' time)
- Support for local services
- Thorough MDT assessments

Limitations

- Comprehensive MDT appointments take time which means less patients are seen per clinic....increased waiting times
- Room availability
- No direct therapy – reliance on parental buy in and compliance



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Future Aims

- Run weekly
- Include local services for handover/ training
- Coincide clinic with doctor's appointment
- Audits

Thank you

Questions???



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