Multi-disciplinary Cardiac Feeding Clinic

Clare Russell
Highly Specialist Speech and Language Therapist
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) $^{6}$
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

**SLT:** Aspiration/ Aversion/ Oro-motor

**Physio/OT:** Developmental delay/ Prematurity/ Neurological signs

**Dietitian:** Growth/ Reflux/ Constipation/ Tube Dependence
## Extended Team

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

---

Feeding Clinic Pathway

Referral → Triage → MDT Feeding Clinic
- SLT
- Dietitian
- Physio
- OT

Liaison with Extended Team → Care plan – joint goal setting

Review by email/phone → Review in Dr clinic → Referral to other services → Discharge → Liaison with Extended Team

Referral
Prioritisation

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Level</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>10+</td>
<td>High</td>
<td>Monthly</td>
</tr>
<tr>
<td>7-9</td>
<td>Medium</td>
<td>3 months</td>
</tr>
<tr>
<td>4-6</td>
<td>Low</td>
<td>6 months</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Timing</th>
<th>Issue</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient 1 month old, pre-surgery</td>
<td>Faltering growth; small frequent bottle/breast feeds</td>
<td>NGT Small oral feeds</td>
</tr>
</tbody>
</table>
| 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.                 |
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
Future Aims

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

Questions???


