

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

Pediatric Picky and Problem Eaters Tips

Goals

1. Discuss what defines a picky eater vs problem eater
2. Understand local referral system for picky vs problem eaters for OT/Speech Language Pathology and Nutrition services and when to refer out for further evaluation
3. Provide tips to share with parents how to help picky eaters during primary care office visits

About Us

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What is a Picky Eater

- ▶ Child's Unwillingness to eat a variety of foods
- ▶ Strong preference for certain foods/textures
- ▶ Reluctance to try new foods
- ▶ Normal between ages 2-4
- ▶ Excess or persistent picky eating can become problematic
- ▶ Can lead to nutritional deficiencies and other health problems

Picky Eater vs. Problem Feeder

Picky Eaters vs. Problem Feeders (from SOS Approach to Feeding)

Picky Eaters	Problem Feeders
Decreased range or variety of foods, typically has 30 or more foods in their Food Range	Restricted range of variety of foods; usually eats less than 20 foods
Foods lost due to “burn out” from food jaggging are usually eaten again after a 2 week break	Foods lost due to “burnout” from food jaggging and not eaten again after a break, resulting in further decrease in # of foods eaten
Eats at least one food from most all nutrition or texture groups (e.g. purees, meltable foods, proteins, fruits)	Refuses entire categories of food textures or nutrition groups (eg soft cubes, meats, vegetables, hard mechanicals)
Can tolerate new foods on their plate, usually able to touch or taste foo (even if reluctantly)	Cries, screams, tantrums, “falls apart” when new foods are presented; complete refusal
Frequently eats a different set of foods at a meal than other family members; typically eats at the same time and same table as other family members	Almost always eats a different set of foods than their family; often eats at a different time or at a different place than other family members
Sometimes reported by parent as a “picky eater” at well-child check-ups. Picky eating has been less than 2 years.	Persistently reported by parents to be a “picky eater” at multiple well-child check ups. Picky eating has been more than 2 years.

Why do kids become picky eaters

- ▶ Parental preferences can influence
- ▶ Developmental stages
 - ▶ Delayed introduction of solids
- ▶ Early feeding experiences
- ▶ Sensory sensitivities
 - ▶ Texture, taste, appearance
- ▶ Autism Spectrum Disorder
- ▶ GI/Allergy

Development of Picky Eaters

3 phases

- ▶ Before and after pregnancy
 - ▶ Fixed things like race, maternal age, parity, siblings, genetics
- ▶ Early feeding phase
 - ▶ Early feeding preferences
- ▶ Second year of life
 - ▶ Parental response to child's autonomy

Parent child Relationships

- ▶ Modeling of parent eating
 - ▶ Less picky eaters if parents eat fruits and vegetables
- ▶ Parental pressure to eat
 - ▶ More pressure to eat at age 4 more likely to be picky at age 6
- ▶ Child and parental temperament

Common Concerns

- ▶ **Potential Nutrient Deficiencies**
 - ▶ Most common zinc, iron and fiber
 - ▶ Due to limited fruits, vegetables and meats in diet
 - ▶ Most commonly leads to constipation
- ▶ **Parental Stress**
 - ▶ Frustration can negatively impact mealtime and progress
- ▶ **Developmental concerns**
 - ▶ associated with developmental difficulties and may increase the risk of eating disorders in adolescence

Evaluation

- ▶ Comprehensive history and physical
- ▶ Elicit any history that might uncovering a medical cause like GI or Allergy
 - ▶ Growth parameters and any deviation
 - ▶ Dietary habits (variation, preferences or aversions, meal patterns)
 - ▶ Symptoms of GI distress (abdominal pain, constipation, GERD)
- ▶ Use validated tools for parental questionnaire
 - ▶ Stanford feeding Questionnaire (SDQ or SDQ-ARFID)
 - ▶ Children's Eating Behavior Questionnaire or Child feeding questionnaire
- ▶ Address Parental Concerns
 - ▶ Normal variation and feeding guidance
 - ▶ Avoid coercion and pressure to eat and creating positive mealtime Experience
- ▶ Multidisciplinary assessment
 - ▶ Dietician can do nutritional assessment
 - ▶ For behavioral/sensory issues OT or psychology can be involved

Medical Conditions Associated with Picky Eating

- ▶ Neurodevelopment Disorders
 - ▶ ASD, ADHD
- ▶ Gastrointestinal Disorders
 - ▶ GERD (pain), Eosinophilic Esophagitis (impaction)
- ▶ Endocrine And Metabolic Disorders
 - ▶ Pituitary disorders (can affect appetite and growth)
- ▶ Allergic Disorders
 - ▶ Can lead to food aversion
- ▶ Psychiatric Comorbidities
 - ▶ Anxiety can lead to food aversions

Potential Lab Evaluation of a Picky Eater (Directed by History and Physical)

- ▶ Complete Blood Count with Differential
- ▶ Electrolytes, Renal Function and liver function
- ▶ Serum albumin and total protein
- ▶ Thyroid studies
- ▶ Iron studies with ferritin
- ▶ Nutritional panel
 - ▶ D, folate, B12, calcium, A, E, thiamin, magnesium and zinc
- ▶ Celiac Screen
- ▶ Allergy testing - specific IGE based testing or prick testing for suspected food
- ▶ Stool studies for O and P if clinically indicated, fecal calprotectin

When Picky Eating Is Extreme: Avoidant Restrictive Food Intake Disorder

- ▶ An eating feeding disorder characterized by inability to take appropriate nutritional or energy needs
- ▶ Not characterized by any body image
- ▶ Characterized in 2013 replaced Feeding Disorder of Infancy and Childhood
- ▶ Presents a variety of ways
 - ▶ Extreme avoidance of foods due to sensory properties
 - ▶ Lack of interest in eating food
 - ▶ Fear of adverse consequence from eating like choking or vomiting

Avoidant Restrictive Food intake Disorder

Based on DSM V Criteria

- ▶ Criteria A-an eating or feeding disorder that leads to failure to meet nutritional or energy needs
- ▶ Criteria B-associated with one or more of the following
 - ▶ Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
 - ▶ Significant nutritional deficiency.
 - ▶ Dependence on enteral feeding or oral nutritional supplements.
 - ▶ Marked interference with psychosocial functioning.
- ▶ Criteria C- not better explained by lack of available food or cultural behavior
- ▶ Criteria D-does not occur in context of anorexia, bulimia, there is no evidence of body image concerns
- ▶ Criteria E-eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention

NAIS Screening

Nine Item Avoidant/Restrictive Food Intake disorder screen (NAIS) - Child

		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	I am a picky eater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I dislike most of the foods that other people eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	The list of foods that I like and will eat is shorter than the list of foods I won't eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I am not very interested in eating; I seem to have a smaller appetite than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I have to push myself to eat regular meals throughout the day, or to eat a large enough amount of food at meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Even when I am eating a food I really like, it is hard for me to eat a large enough volume at meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I avoid or put off eating because I am afraid of GI discomfort, choking, or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I restrict myself to certain foods because I am afraid that other foods will cause GI discomfort, choking, or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I eat small portions because I am afraid of GI discomfort, choking, or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Individuals respond to each question on a scale from 0 (*Strongly Disagree*) to 5 (*Strongly Agree*). Subscales are each scored on a scale from 0–15, with higher scores indicating higher levels of each metric (picky eating, lack of interest, and fear). All items may also be summed to calculate a total score, ranging from 0–45, with higher scores indicating higher levels of avoidant/restrictive eating broadly.

How To Manage ARFID

- ▶ Multidisciplinary approach
- ▶ Medical
- ▶ Psychological
- ▶ Nutrition
- ▶ CBT, Family Based, or nutritional Rehab
 - ▶ Treatment depends on type and severity

Tips for Parents

- ▶ Model Healthy Eating - a child is more likely to try what you are eating
- ▶ Be Creative - mix fruits and vegetables into foods your child likes
- ▶ Make Mealtime Fun - cut into fun sizes, shapes, dips
- ▶ Offer a variety of foods- place new foods alongside a familiar food, have a one bite rule
- ▶ Respect your Child's appetite - do not force feed
- ▶ Involve your child - with meal prep and shopping
- ▶ Do not use food as reward - use non-food rewards, stickers, play time
- ▶ Be patient-it takes multiple times of trying a new food to be accepted, no pressure
- ▶ Limit distractions - turn off screens at mealtimes
- ▶ Small portions to avoid overwhelming your child they can ask for more
- ▶ Be positive- encourage and praise your child to build a healthy relationship with food

When to Refer

- ▶ Growth parameters are decreasing
- ▶ Severe Vitamin Deficiencies
- ▶ Extreme psychological concerns
- ▶ Severe Restriction in diet
- ▶ Parental distress
- ▶ Not improving as child enters school age
- ▶ Other Health concerns

Local Referral Resources

- ▶ Nutrition, OT and Speech Therapy all available for peds at Tower
- ▶ Peds GI (St. Chris at Gateway, CHOP KOP, Hershey @St. Joes or Lancaster, Lehigh Valley)
- ▶ Allergy
- ▶ ENT
- ▶ Endocrine (local St. Chris at Gateway, HMC St. Joes)
- ▶ Swallow Study (can sometimes be done outpatient at Reading, can be done Allentown, CHOP KOP, HMC Lancaster)
- ▶ Pediatric Dentistry
- ▶ Early Intervention can form a coordinated plan under age 3
- ▶ Feeding Programs Easter Seals, Good Shepherd, HMC outpatient, CHOP KOP
- ▶ Psychology

Referral Tree

Are there concerns related to **diet and mealtime choices**, increasing/decreasing calories, weight, etc?

yes



Refer to Nutrition

Are there concerns related to **GI function** (i.e. constipation, vomiting, GERD, etc.)?

yes



Refer to GI Specialist

Are there concerns related to possible **allergies** (i.e. rashes, reflux, swelling, itchy skin/ mouth/ throat)?

yes



Refer to Allergist

Are there concerns related to **oral motor function** (i.e. chewing issues, aspiration, coughing, choking, wet voice quality after eating, weaning from feeding tube)?

yes



Refer to Speech Therapy

Are there concerns related to **sensory** (i.e. hyposensitivity or hypersensitivity to texture/flavor/etc. , gags easily to smells/sights of food, strong food aversions/ preferences) or **behaviors** (i.e. refuses to sit at table for meals, refuses to try foods).?

yes



Refer to Occupational Therapy

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Nutritional Management of Selective or Picky Eating

- ▶ Assessment: ideally a "whole child" approach
 - Growth, including weight trends and linear growth
 - Food recall to determine "safe" foods and foods often/always refused
 - Are entire food groups being avoided?
 - Behaviors around food
 - Ability to sit at table for meals
 - Frequent "food jags"- eating a food consistently, then dropping it
 - If a food is dropped, can it be reintroduced after a period of time?
 - Reliance on screens to be able to sit and eat
 - Family atmosphere or dynamic at meals

Nutritional Management of Selective or Picky Eating

► Potential medical etiology

- Feeding trauma or aversion
 - History of forced/coerced feeding, choking/vomiting episode(s)
- GI symptoms or disorders (constipation, GERD, celiac)
- Mental health conditions (anxiety, OCD)
- Neurodivergence (autism, ADHD, sensory avoidance or sensory seeking)
 - Low muscle tone, avoidance of foods requiring a lot of chewing vs seeking these foods
- Food allergies
- Swallowing dysfunction

Interventions for Selective Eaters

- ▶ Ensure child is meeting calorie and protein requirements
 - Adding fat is most efficient for extra calories
 - Protein sources can require some creativity based on "safe" foods
 - Often liquids are better tolerated than solids
- ▶ Modify texture of foods if needed
- ▶ Ensure child is meeting micronutrient (vitamin and mineral) requirements
 - Need complete intake information to assess gaps
 - Primary concerns: iron, calcium, vitamin D, zinc
 - If severely restricted/ARFID: can also see vitamins A & C, others affected

Sources of iron in the diet

Did you know that you can get iron from many different food groups?

Here are a few examples:



Bison, sardines, clams, turkey leg, sesame seeds, and cashews



Fortified ready-to-eat or cooked cereals



Dark green vegetables such as spinach or kale; beans such as soybeans or chickpeas; and other vegetables such as beets, green peas, and poi (taro)



100% prune juice

Sources of calcium in the diet

Did you know that you can get calcium from many different food groups?

Here are a few examples:



Dairy

Low-fat or fat-free milk, yogurt, or kefir, including lactose-free versions and fortified soy milk and yogurt



Vegetables

Vegetables such as nettles, collard greens, nopales, bok choy, and kale



Protein

Tofu, canned sardines, and canned salmon with bones



Fruits

Fortified 100% grapefruit or orange juice

Sources of vitamin D in the diet

Did you know that you can get vitamin D from many different food groups?

Here are a few examples:



Some seafood, such as rainbow trout, salmon, or canned light tuna



Low-fat or fat-free milk, yogurt, or kefir, including lactose-free versions and fortified soy milk



Some mushrooms



Fortified 100% orange juice

Interventions for Selective Eaters

- ▶ Suggested foods/ways to prepare foods to meet nutritional goals
 - Individualized approach to optimize health as much as possible, without damaging child's relationship with food or caretakers
 - Keep meal times calm and stress-free, without pressure to eat
 - Increase or decrease intake of certain foods
- ▶ Communication with primary care
 - Recommended lab work, therapy or specialist referrals, potential medications
- ▶ Addition of supplements such as multivitamins or omega-3s
- ▶ Addition of high calorie and/or high protein liquid supplements
- ▶ Other additives that can be added to "safe" foods

Referrals to Outpatient Nutrition

- ▶ Primary care offices can place a referral for nutrition counseling using:
 - Epic
 - Medical Nutrition Therapy consult forms
 - Nutritionist consult
- ▶ Helpful for families who need more in-depth information and education
- ▶ Allows for longer (45-60 minute) sessions to fully cover nutrition concerns

- ▶ Phone (484) 628-8926
- ▶ Fax (484) 628-8977

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Occupational Therapy for Feeding

- ▶ Feeding/eating is a primary area of occupation that promotes healthy growth, development, and social interaction.
- ▶ Role: Facilitate independence, enjoyment, and participation during mealtimes.
- ▶ Evaluation
 - includes comprehensive overview of medical/developmental history, current diet, what do mealtimes look like across environments, how does child respond to non-preferred foods, food/texture preferences and aversions, oral motor screen, why are feeding issues occurring, assessments (PediEAT, chOMPS, sensory profile-2)
 - Recommendation: typically 1-2x/week 45min sessions
 - Parent/caregiver buy-in and commitment: must be open and committed to starting feeding therapy to promote carry over



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OT Feeding Therapy Information & Expectations

OT Feeding Therapy is appropriate if your child struggles with eating foods and has a limited diet. OT Feeding therapy can help your child work through texture aversions, picky eating, sensory concerns, and some oral motor deficits. OT Feeding Therapy can also assist your child in drinking from a cup, sipping from a straw, and using feeding utensils.

What to Bring to OT Feeding Therapy Sessions:

- 1-2 preferred foods
- 1-2 practice foods
- Feeding utensils (fork, spoon, and/or knife) and plate and/or bowl
- Beverage of choice

Recommendations:

- Have your child get involved in choosing/packing the practice foods if possible.
- Have a designated lunch box or bag for feeding therapy sessions.
- Use a food journal/log to keep track of foods practiced in sessions and practiced at home.

Home Exercise Program:

- During your child's feeding therapy visits, your therapist will recommend specific feeding strategies and activities to practice at home. It is imperative that your child practice these feeding therapy recommendations in the home environment. Practicing in weekly OT sessions alone is not enough to make progress. The home exercise program recommendations will promote carry over of learned skills to home and community environments.

Approaches:

These approaches are individualized and catered to your child's needs and preferences:

- **Play Based:** Your OT will utilize a play-based approach to feeding therapy to promote a positive relationship with food and mealtimes. This is crucial as your child may have developed a negative relationship with foods due to sensory aversions. The play-based approach could look like pretending to feed a toy animal, taking dinosaur chomps, or giving a toy car an applesauce car wash.
- **Behavioral Approach:** Your OT may use a behavioral approach to feeding therapy to facilitate interacting with foods. This could look like earning stickers after touching non-preferred food items.
- **Hierarchy Approach:** Your OT may implement a feeding hierarchy approach to promote trying new foods. This entails working through various steps prior to consuming the food. The hierarchy includes looking, smelling, touching, touching to lips, licking, tooth taps, chewing and spitting out. The hierarchy approach is geared towards exposing the child to food items in a safe and controlled environment.

Occupational Therapy for Feeding

► Treatment

- Restructure mealtimes: 3 specific meals, 2-3 snacks; family eats together if possible; limit/no screentime; rebuild positive mealtimes
- Motor: gross and fine motor skills- trunk control, grasp, utensil use, etc.
- Sensory: sensory feeding hierarchy (32 steps to eating according to SOS approach)
 - Tolerate > Interact > Smell > Touch > Taste > Eating
 - Messy play, food properties
- Oral motor:
 - Blowing bubbles, blowing through straw, tongue movements, oral reflexes, lip closure, etc.
 - Cup use, straw use
- Rebuild positive relationship with foods and mealtimes
 - Feeding therapy should be fun for the child
 - Food preparation, cooking, grocery shopping, food journal
- Limit coercion/ take pressure away
- Comprehensive team approach
 - Check in with other specialists on case

STEPS TO EATING

EATING

- chews and swallows whole bolus independently
- chews, swallows whole bolus with drink
- chews, swallows some and spits some
- bites, chews "x" times & spits out
- bites pieces, holds in mouth for "x" seconds & spits out
- bites off piece & spits out immediately
- full tongue lick
- licks lips or teeth

TASTE

- tip of tongue, top of tongue
- teeth
- lips
- nose, underneath nose
- chin, cheek
- top of head
- chest, neck
- arm, shoulder
- whole hand
- fingertips, fingerpads
- one finger tip

TOUCH

- leans down or picks up to smell
- odor in child's forward space
- odor at table
- odor in room

SMELLS

- uses utensils or container to serve self onto own plate/space
- uses utensils or a container to stir or pour food/drink outside of own space
- uses utensils or a container to stir or pour food/drink for others
- assists in preparation/set up with food

INTERACTS WITH

- looks at food when directly in child's space
- being at the table with the food just outside of child's space
- being at the table with the food ½ way across the table
- being at the table with the food on the other side of the table
- being in the same room

TOLERATES

Speech Therapy for Feeding

► Treatment

- Comprehensive oral motor
- Chewing
- Dysphagia (difficulty swallowing)
- Transition from feeding tubes
- Usually works with OT: if there is a problem with oral motor there is more than likely a problem with sensory due to lack of exposure to food textures

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Case Studies

► Ryder

- History: severe chronic reflux since birth (on meds 6m-13m then stopped); difficulties latching, used sensitive simlac formula and premie nipple on bottle to slow flow, difficulties transitioning to solid foods with frequent gagging, behavioral feeding approach used at other location
- Started Nutrition, OT weekly, referred to GI for reflux issues
- EGD determined esophagitis: OT worked on tolerating taking meds, nutrition worked on food choices

► Sonny

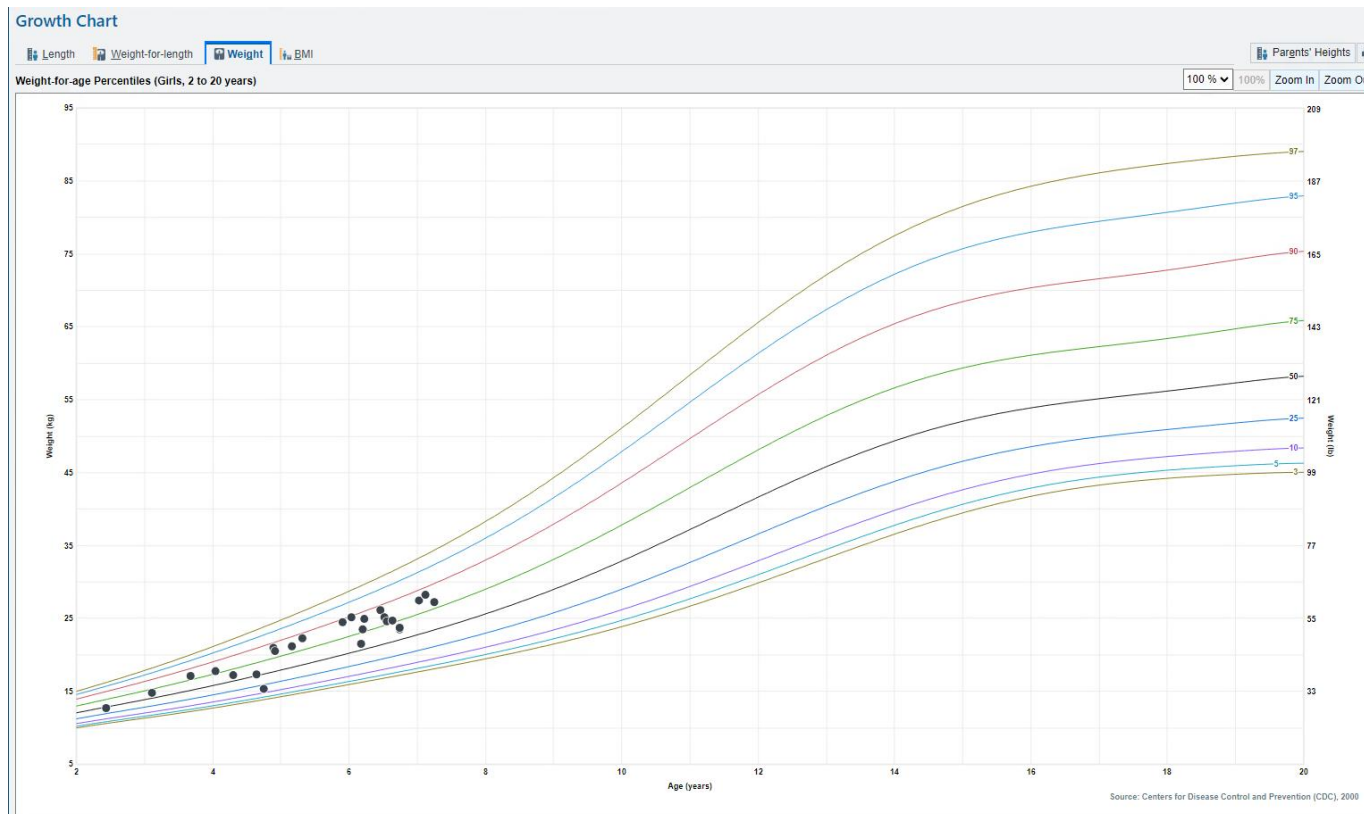
- History: born 27 weeks, 3 month NICU stay
- Followed by nutrition, OT weekly, GI, respiratory, ENT; clear swallow study
- OT working on sensory and oral motor

Cases continue

▶ Ismaeal

- ▶ 7 year old female with longstanding picky eating, developmental concerns concern for autism has IEP at school but family reluctant for services
- ▶ Presented a few months post op T and A (had been hospitalized for dehydration post op) with no improvement in picky eating
- ▶ Only eats chips, popcorn, pizza and plain rice
- ▶ No fruits and vegetables
- ▶ Will not try anything new
- ▶ Labs showed ca 9.6, alb 3.7, vitamin D 25 OH 5.3, PTH 153, hg 11.5, ferritin 8
- ▶ Referred to nutrition worked with mom on variety and vitamins suggested OT
- ▶ Referred to OT worked on variety which she did improve and worked with school
- ▶ Referred to speech to work on clarity of speech
- ▶ Replaced with high dose vitamin D, mvi with iron, repeat labs Vit D 31, ferritin 29, PTH 133, calcium 9.2 c/w hungry bones added calcium, xrays neg for rickets Endocrine suspects nutritional Rickets

Growth Chart



Questions

