

PATHWAY FOR DETERMINING NUTRITIONAL SUPPORT*‡

Referral received

Oral intake assessed as
inadequate or inefficient

Clinical assessment and referral to
appropriate MDT members for further
assessment and management

Possible reasons
Medical/neurological¹
Oral intake inadequate²
Psychological/behavioural³

‡After 6 weeks NGT
feeding, referral to local
service for consideration
of gastrostomy placement
should be made although
timing of the assessment
and procedure will vary

Is the gut functioning?

YES

Is the child safe for
oral feeding?

YES

Oral nutrition supplementation (ONS)
Breast milk or formula ± food fortification ±
modified consistencies of fluids/food
energy/protein
± high calorie supplement drinks then re-assess

Is oral intake adequate?

YES

Monitor progress
<1-3 monthly

NO

**Tube Feeding (TF) commenced to
meet full nutritional requirements**

MANAGEMENT PLAN PROVIDED

Practical guidelines for
optimal tube feeding
including oral hygiene
and oral stimulation
strategies

AND

If oral feeding maybe
possible in the future
date set to re-assess
readiness for transition
to oral feeding where
possible

Consider supplementary TF
e.g. combined oral nutrition (ON) + TF top
ups or ON with overnight TF

NOTES

- 1 Medical/neurological/congenital abnormalities
- 2 inadequate oral intake/increased requirements
- 3 Psychosocial/behavioural e.g. oral aversion/ARFID

*Adapted from Feeding Difficulties in Children. A Guide for Allied
Health Professionals. NSW Government Australia/Health, 2016