

Case: Jason - Results of Clinical Feeding Evaluation:Monitoring:

- Cardiorespiratory monitor and oximeter

State:

- Initially awake, alert, eager to feed
- Later in feeding, during sucking pauses, some squirming and mild discomfort was noted
- Toward the end of the feed he was drowsy and fell asleep with the bottle in his mouth, sucking very occasionally

Posture and Position:

- Mildly increased tone; increased extensor movements noted during squirming described above
- Occasional tremulous movements
- Maintained cradled feeding position without difficulty

Oral Motor Control:

- Dr. Brown bottle; newborn nipple (this was what he used in the NICU)
- Strong, well coordinated suck
- Efficient feeder; took 70 mL expressed breastmilk in 15 min

Suck/Swallow/Breathe:

- Good coordination of sucking, swallowing, breathing
- Appropriate swallow sounds with no clinical evidence for swallow dysfunction

Physiologic Responses:

- HR: 130-140s at baseline and throughout feeding; no bradycardia noted
- RR: 40s baseline, 50s during feeding
- Oxygen saturations: 97-99 at baseline and throughout feeding; on room air
- At the end of the feeding, when sucking was infrequent and Jason was falling asleep, the respiratory pattern was noted to change. Respirations became irregular with shallow breaths and long pauses. This was followed by oxygen desaturation to the low 80s. No bradycardia or color change.

Questions:

1. What is your understanding of the feeding problem at this point?
2. Would you ask for any other tests or evaluations? If so, what and why? If not, why not? What other tests might the medical team be considering?
3. Are there any treatment/management strategies that should be implemented at this point?