Facility	Use Thickeners	Which Thickeners?
A	Yes	Baby Rice Cereal Thik & Clear Thick and Easy Baby rice cereal for infants on formula; Thik & Clear for infants on EBM; and Thick and Easy by Hormel for older children on regular liquids not including EBM
B	Yes	Simply Thick Gel Mix

		Thik N Clear
C	Yes	
		Rice Cereal Thick & Easy (commercial cornstarch based) Simpy Thick
D	Yes	

E	Yes	Rice cereal with formula or Gelmix with breast milk for < 4 months old Rice or Oatmeal cereal or Gelmix for > 4 months old; Rice cereal, Oatmeal cereal, Gelmix, Thick-it or Simply Thick for 12 months and older
Facility	Yes	Rice Cereal and Thick It

G	Yes	Simply Thick

H	Yes	Simply Thick, Thick It, Gel Mix is used on a case by case with inpatient feeding
I	Yes	Simply Thick, Thick n Easy, Thick-it

Use bananas, rice cereal, etc?	Procedure Guidelines	Standardized Recipes	IDDSI	Off Label
Rice cereal for a formula. We do not use bananas		for the Thik & Clear with EBM we test 1 ml/oz, 1.5 ml/oz, 2 ml/oz and if absolutely needed 2.5 ml/oz (very thick like almost pudding).		
	see attached		No	No
Use for Stage 2 purees or Rice Cereal	GelMix for breast milk and children <1yo Simply Thick for children >1yo (don't use if <12yo with h/o NEC	see attached	No	No. Only alter the recipe if creating "half-nectar" and would use 1/2 the thickener

Only if MD or family desire. Do not endorse non-thickener as effective/dependable	Thickener is last resort. Not used in preemies	Have standard recipes but also syringe test every time	Yes	thicken to desired consistency per syringe test and generally not beyond nectar. Never beyond honey
Rice Cereal	Rice cereal (milk, formula, sometimes expressed breast milk if amount can be consumed in < 10 min) for adjusted age or 12 months or younger; Commercial corn starch based thickeners for >1 yr; Simply Thick for adjusted age 1 year older and no hx of significant GI issues. Simply Thick is not given to anyone under 12 years with hx of NEC	We follow manufacturer guidelines/recipes for commercial thickeners. We use the following recipes for rice cereal: 1- 1.5 tsp RC per ounce formula/milk = Nectar; 2 tsp RC per ounce = honey consistency.	We are familiar with it and will be working with our dietary and nutrition depts	No

Rice or Oatmeal Cereal Cannot standardize thickening with other foods		Package directions for Gelmix, Thickit and Simply Thick we test for what we recommend in that we will recommend 1, 2, or 3 teaspoons of rice per ounce but we do not try to approximate, for instance, how much rice is nectar, honey or pudding	No	We may increase a dose of thickener for a variety of reasons but we don't recommend that amount unless Pt has been assessed with MBS and documented safe for the increased amount of thickener.
We have resources to instruct families on additional thickeners that can be used and are on the market but we only keep rice cereal and Thick-It stocked within our facility	We recommend using Rice Cereal for <1 year of age and Thick-It for >1 year	Our recipe for Rice Cereal is: Nectar Thick= 1 teaspoon rice cereal/1oz liquid, Honey Thick = 2 teaspoons/1oz liquids	Not specifically	
				Not generally

No	No specific guidelines. Would be patient specific. If there was some reason the Simply Thick couldn't be used we'd figure out an alternative for that patient.	We use the directions on the Simply Thick bottle for nectar, honey and pudding thickness. Directions are provided for 4oz, 8oz and 24oz volumes.	No	
				No. The consistencies listed have been appropriate for all patients so far

Beechnut single grain rice cereal, bananas or other baby foods dependent on patient diet	FDA guidelines; physician approval; will also discuss with dietician in some cases	Generally we follow package instructions. For all patients, we demonstrate thickening their liquids during our evaluation/treatment. We utilize teach back in order to help ensure parent understanding of mixing and proper consistency. For some formulas we adjust the recipe, but due to variability, we do not have standard recipes for those.	No	- if some liquids do not thicken up enough given the package measurements, we will add additional thickener product as needed to achieve desired consistency. We will consult with dietician and physician if additional thickener is needed
rice or oatmeal baby cereal	No	Typically follow package instructions related to recipes for appropriate consistency.	Not at this time, but have been looking at it.	No

Always prescribe Thickeners for aspiration?	CFE required prior to MBS?	Teach immediately after MBS?	Allow breast feeding if aspirating?
We Thicken for all who aspirate; if aspirate all, do not feed orally. Other interventions: thermal-tactile stimulation, E-Stim and oral-motor stimulation/exercises Evaluate breast feeding at the bed side and may allow breast feeding only if no signs or symptoms of aspiration noted.	NICU and PICU we usually do complete a bedside feeding/swallowing evaluation first; however, at times that does not happen depending on the circumstance. Some doctors go straight into the order for a VFSS/MBS prior to consulting our services.	Yes. if the family does not appear to do well with the education after the VFSS/MBS then we will have them come in for a follow up visit	We do allow some patient to breast feed. We like to complete a bedside feeding/swallowing evaluation while the mother is breast feeding prior to allowing breast feeding.
No Thickening is last resort change nipple, vessel/cup or position before thicken	CFE is part of OP swallow eval. First hour is clinical and second is for MBSS if warranted	Yes, verbal and written info on thickening plus thickeners to get them started	Determined case by case. Work closely with lactation to allow breast feeding whenever possible, but with some complex medical diangoses we may have to recommend alternate means of nutrition

No Thickener last resort. Use positioning, pacing, and other strategies first	Not required but often encouraged, depends on referring issues	At time of study and follow up	Depends - each situation considered individually
No, last resort, particularly for infants. We use position changes (elevated sidelying vs upright), flow rates – slow flow, preemie, ultra preemie nipples/single sips from open cup vs consecutive sips from straw for older kids) or limit PO volumes allowed	Ideally we do but not always. Sometimes the clinical hx is sufficient to warrant going straight to fluoro	We always educate parents regarding thickening immediately after the study and give them written instructions and have them verbalize it back to us. If time permits (often it doesn't) we have them demo it back to us for outpts	Yes under certain circumstances and with MD approval

We first try to eliminate the aspiration with changing bolus size and flow rate with different nipples or changing positions of Pt during feeding, i.e. sidelying posiition; if those interventions don't work we will then try thickening the liquids.	If possible, we will determine if the Pt is responsive to po intake, alert enough; We do want to watch an infant feeding prior to the MBS;	Yes, we do provide parent education following the MBS, teach parents how to thicken liquids if necessary; we will also schedule for a feeding follow up appointment if Pt has dysphagia or we have recommended any changes in Pt's feeding plan	We determine if Pt is aspirating and make our recommendations for safest swallow without aspiration; The physician and parent will make an informed decision whether to breast feed or not
We do recommend thickeners for most patients who aspirate as long as they are deemed safe on a thickened feed. If they aspirate on honey thick liquids- it would be at the doctors discretion to continue thickening or make them NPO. We do frequently (not always) encourage doing therapeutic water trials with therapy or at home as part of a home program (small amounts of water).	Generally, yes unless it is prescribed by one our internal GI, ENT or Pulmonologists	We provide education following the study immediately and have family thicken the patient's feed to offer to the patient if appropriate. If the patient aspirates and was not previously then we recommend follow up in addition to the training provided at the time of the study.	This is something we encourage families to discuss with their doctor. It may or may not be appropriate pending the patient case. We will often discuss non-nutritive breast feeding with families/doctors as an option but this is not always appropriate

No, not always, but very often. It depends on what is found using instrumental assessment (MBSS/VFSS, or FEES). Other modifications and strategies are also taught depending on the circumstances.	We do not do MBSS/VFSS or FEES on site at this facility, so if there are concerns while they are here they will have a clinical evaluation first and then instrumental evaluation will be recommended (via a traveling company that comes to the hospital or by going to another facility) depending on findings and risks.	N/A. We don’t do MBSS/VFSS on site here	Have not had this situation arise.

We first try positioning or changes to flow rate before thickening. If unable to protect airway with those changes, then we begin thickening	Yes. For our outpatient swallow function studies, the first half of the appointment is generally a clinical feeding evaluation. The therapist can make decision at that time if it is appropriate to continue to video.	We provide education immediately.	- We work with physician and parent to come up with the safest plan for infant feeding. If we are unable to come up with a safe solution, then we recommend bottle feeding with supports. But if returning to breastfeeding is an important goal to family, we also work that into our treatment plan. We will work with mom, lactation consultant and physician to facilitate if at all possible.
No, depending on age and child's preferred diet will utilize therapeutic strategies (positioning, pacing, etc.) with or without thickened liquids.	No. Try to screen for which would be appropriate to complete first and then refer for the other if needed.	Yes, patient and/or family are given immediate feedback and recommendations.	We do not complete MBS/VFSS on children at the breast so difficult to assess whether they are aspirating while breast feeding. Interested to hear how others are assessing and making recommendations related to this topic.

Additionally, an area we would be interested in hearing input on is weaning children off of thickeners