

	ORG A	ORG B	ORG C	ORG D	ORG E	ORG F
Do you use thickening products in your NICU? If so, what do you use for formula and breast milk?	We have "SimplyThick" in stock to thicken liquids to nectar and honey consistencies. We are a Rehab Hospital. We do not have specific thickeners in stock for formula or breast milk. If our infants have thickened formula, it would be recommended from the GI with or without an MBSS. The thickener is typically rice cereal. The recipe is provided for us.	Yes, if needed. Primarily rice cereal. Our Neonatologists are interested in gel mix, so our team has been exploring having that product for the NICU as an alternative thickener if needed. We are currently working on some guidelines for use	Only Gelmix on a very very rare occasion. They have to be adjusted to over 42 weeks gestation and over 6 pounds . Gelmix is the only thickener used and we will use it with both EBM and formula	Yes, on a limited basis. For formula we use Thick and Easy, and breast milk is not thickened in our NICU. So if a baby who is on breast milk needs thickener they will switch to formula for PO feeding and provide breast milk via NG if they do not complete total volume PO.	When a Modified Barium Swallow Study/VFSS has diagnosed dysphagia and demonstrated improvement in swallowing function with thickened fluids, we will introduce thickening. If the child is <44 weeks PMA, we use oatmeal cereal. If the child is >44 weeks PMA, we use Thik&Clear. If the child shows continued signs of aspiration with intake of fluid thickened with oatmeal cereal, we discuss as a team and consider introduction of Thik&Clear prior to 44weeks PMA. The speech team does not like to use oatmeal cereal as a thickener for breastmilk as the breastmilk breaks down the starches and suboptimal thickening is obtained, increasing risk factor. If the physician does not want to use Thik&Clear with breastmilk, we will thicken 1 ounce of EBM with oatmeal cereal. If signs of aspiration arise, we talk with the team and will either use Thik&Clear earlier with EBM or, for some kids, switch to formula with oatmeal cereal. If the formula is thickened, we follow the age statements listed above.	We do not use thickeners for patients who are <38-40 weeks. We attempt to use all other feeding strategies before thickening but occasionally have to make exceptions for term patients who are unable to meet their nutritional needs safely due to signs of aspiration. We are currently only permitted to use oatmeal and so we only thicken formula as the enzymes in breast milk break down oatmeal's thickening agents. We are exploring the possibility of using gel mix for infants who are > 42 weeks with our dietician and neonatal team.
Do you use thickening products for your outpatients? If so, what do you use?	We have premixed apple, orange and lemon water for both inpatient and outpatient. We also use "Simply Thick" in our OP sites.	Yes, if needed. Rice cereal and Thick It are the products that our hospital stocks in central supply	Yes. Depends on the age and history in general... 12 months and under-premature- Gelmix or rice cereal 12 months and under not premature- Gelmix, rice cereal, or thick and clear with high caution 12 months and older- simply thick, thick and clear	Yes. It depends on the patient's medical history, age, and what they are drinking (i.e. breastmilk, formula, or older on milk or pediasure); most often we use Thick and Easy (Hormel), Simply Thick, or Gelmix. Sometimes we also will use plain or vanilla yogurt mixed with milk to reach the appropriate viscosity for kids who are older than age 1.	Yes. For infants: we provide education regarding Thik&Clear and oatmeal cereal For 1-3 years of age: we provide education regarding Simply Thick, Thik&Clear, ThickIt. For 3 years of age and up: we provide education regarding Simply Thick, Thik&Clear, ThickIt, ThickenUp and ThickenUp Clear.	Yes, our outpatient swallow studies often require thickened liquids. The thickening recommendation depends on the patient age. We ultimately defer to the referring provider but will provide recommendations for oatmeal cereal, gel mix, or simply thick. Occasionally alternative thickening methods are assessed if the referring therapist or family have a preference.
Do you have a protocol for when you initiate thickened liquids (age, weight, etc)?	We currently do not have a protocol in place although weights and labs related to their nutritional intake is closely monitored by our physician and nutritionist.	No	we have a hospital policy	No- our NICU physicians rarely order VFSS and we do not have the capability of performing FEES at this time. The earliest thickened liquids would be initiated would be 38-39 weeks, but more typically it's 42-44 weeks.	Yes. Our protocol is based upon age and requires dysphagia diagnosis	We do not thicken for any patient < 38 weeks and do not thicken or complete an objective study of the patient is feeding with a more immature feeding pattern than expected for their PMA.
Do you ever consider thickening prior to a standardized assessment such as VFSS or FEES?	Depends on the case, with older patients (not infants), we trial all consistencies to assess skill and safety for each patient. If noticing signs of aspiration or distress or due to presentation there is concern for silent aspiration, the SLP would recommend a VFSS/FEES.	Very rarely. We use thickener as a last resort, and attempt other compensatory strategies prior to	No	With our outpatients we will sometimes trial thickening prior to VFSS. In the NICU it has been done very infrequently.	Only on very rare situations. I think the times we have down so has been when patient would not participate in MBS and also prior to having FEES available. The ones that come to mind are ones that are in the PICU, those not appropriate for transfer to MBS suite or would not fit in the MBS suite space. On the rare occasions this has occurred, objective measure was completed when possible.	Rarely depending on the provider and patient history. Our preference is to complete an objective study prior to thickening, especially prior to recommending a thickened liquid discharge plan.