

Thickening Practices & Protocols

Facility

A

B

C



D

August 2016

Do you have Thickening Guidelines/Protocols for Liquids for Infants and Young Children?

*Please see attached handout as well. After the FDA warning a few years back, a team at our hospital looked at thickening practices and decided that we would recommend physicians not use commercial thickeners with premature infants 12 months or younger and that they would use caution when recommending them for full term infants 12 months and younger. We include that reminder in our MBS reports and also give them some options (attached). Having said that, some still chose to use commercial thickeners and it is ultimately the physician decision. We did include some of the downsides to using rice cereal in our handout so they realize it's limitations. If thickening is recommended, we also suggest they consider a dietary referral as well as other medical evaluations (especially if thickening is needed for extended period of time). We suggest close monitoring and re-evaluations so the children are not on thickeners any longer than needed. It will be interesting to see what others are doing with Thickening. This might make for a great conference call.

"B" is currently working on an evidence-based guideline summary for this topic. This should be available in November if you'd like to check in with them.

* See attached policy for what we use within our hospital. It includes the products we use, the ratios, and what populations we provide them for. This is based on current recommendations for best practice. We are keeping our eye out for more information ASHA should be putting out regarding standardizing modified foods and thickened liquids, as this has been an international initiative due to the wide range of definitions surrounding this topic.

We do not have a hospital protocol; however, there are general guidelines that Speech follows. There are always special cases and they are managed on individual needs. Speech makes recommendations to thicken for dysphagia/swallowing concerns not for reflux. However, there are times where the managing MD recommends thickening for reflux management and requests our assistance. We cover patients throughout the organization including the NICU. We do not use Simply Thick for any patient less than 12 months of age. For patients < 12 months of age the thickening agent of choice is Thick-It (Food service formulary for in house use & Thick-IT 2 for home use). Due to the concerns of arsenic exposure with rice cereal it is used with caution and Beech-Nut rice cereal is recommended as it has lower levels of inorganic arsenic. Thik N Clear is used with babies (outside of NICU) that are on EBM that require thickening. Once over 12 months of age and not in the NICU, Simply Thick is the thickening agent of choice. The NICU does have more specific guidelines for the patients in that unit. They do not thicken any patient delivered < 35 weeks gestation until at least 42 weeks gestation. However, NICU will consider thickening term or late preterm (more than or = to 35 weeks) sooner than at 42 weeks. Gum based thickeners will not be used in the NICU (including Simply Thick, Resource ThickenUp CLEAR, or Thik N Clear).