

Restarting Eating and Drinking after Extubation

This leaflet explains about supporting your child returning to eating and drinking after being intubated for any length of time. If you have any further questions, please speak to a doctor or nurse caring for your child.

Speech and Language Therapy

This advice has been created by the St George's acute paediatric speech and language team. A speech and language therapist has two main roles in the hospital.

To review a patient's:

1. Speech, language and communication skills.
2. Eating, drinking and swallowing skills.

We will assess and provide recommendations to our patients, explaining them in detail to the patient if appropriate and to the family.

Intubation

Intubation is the insertion of a tube into the trachea (breathing pipe) and extubation is the removal of the tube from the trachea.

There are several reasons why your child may have been intubated and after having a tube in the trachea, especially for longer than 48 hours, your child may have some difficulties restarting swallowing, eating and / or drinking.

This will usually resolve with time. However, your child may benefit from general strategies to support them with restarting eating and drinking after being intubated. Some children may also benefit from a speech and language therapy review.

Breast / bottle feeding

Follow your child's cues. They may not want to eat and drink initially.

Slow down the flow of the milk

1. Bottle feeding: You can use a slower flow teat (e.g. move from a size 2 teat to a size 1 teat). You can also pace the feeding by dropping the bottle every 2-3 sucks for a few seconds break, keeping the teat in the mouth so no milk is flowing.
2. Breastfeeding: express for 5-10 minutes before offering the breast.

Position: It is important your baby feeds in one long line: i.e. ears, shoulders and hips in line.

1. **Bottle feeding:** being as upright as possible is recommended, unless you have been given specific advice otherwise.
2. **Breastfeeding:** There are various positions for breastfeeding. You can use whichever one is most comfortable for you and your baby.

Environment: Reduce distractions where possible

Time: Do not offer the bottle or breast for longer than 30 minutes, to manage your baby's fatigue

Eating and drinking

Some suggestions that may be helpful for supporting your child to return to eating and drinking:

- **Follow your child's cues:** Do not force them to eat and drink. Your child may also only eat and drink small amounts when first returning to oral intake after being intubated. Do not expect them to eat a full meal straight away.
- **Textures:** Your child may find it easier to start with softer, easy to chew foods or foods that are cut into bite-sized pieces, e.g. yogurt, bite-and-dissolve crisps (e.g. pom bears)
- **Position:** Sit upright with sufficient head, neck and trunk support.
- **Pacing:** Encourage slow drinking, helping your child to pace by gently lowering the cup after every 1-3 sips.
- **Environment:** Reduce distractions where possible

Goal: These suggestions are intended for a short period and the goal is to return to your child's typical eating and drinking routine as soon as they are able.

Signs of aspiration

Aspiration is when small bits of food / drink or another foreign body go into the lungs by accident instead of the stomach. Everyone aspirates at times – we have all experienced that feeling of “it went the wrong way”. However, continuous and frequent aspiration can cause further difficulties such as:

- Regular chest infections including aspiration pneumonia
- Weight loss
- Multiple visits to the hospital, A&E or the GP
- Recurrent antibiotic use
- Needing to be intubated and ventilated frequently due to chest health concerns.

It is important to identify any difficulties early on so that we can reduce these risks. Signs of aspiration or airway compromise include the following. These signs are observed either during or directly after any oral intake:

- Coughing
- Choking
- Face changing colour, i.e. going red, pale or mottled
- Wet / gurgly voice
- Repeated throat clearing
- Eyes watering (not related to crying)
- Increased effort with breathing.

What to do?

If you have any concerns about your child's eating, drinking or swallowing, please do the following:

1. If you are still in hospital: inform your doctor / nurse and request a speech and language review.
2. If you have been discharged home: contact your GP and request an onward referral to your community Speech and Language Therapist for a "dysphagia" assessment.
3. Always contact 999 in an emergency.

Useful sources of information

Royal College of Speech and Language Therapists: Dysphagia - Guidance

<https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-guidance/#section-1>

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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