

Case: JasonAdditional Tests:

- Motor screening/evaluation at corrected age 3-4 months secondary to hypertonia and tremulousness and determine if there are further developmental follow-up needs.
- There is not enough clinical evidence for a VFSS, though some studies show a strong association between swallowing dysfunction and BRUE

Additional Treatment/Management Strategies:

Feeding:

- Consider nipple flow rate
- Consider feeding position
- Remove bottle from mouth when he starts falling asleep; replace with a pacifier if needed

Positioning:

- Consider upright positioning after feeding for GER management

Parent education:

- Understanding the relationship of GER to breathing issues
- GER positioning and handling
- Feeding techniques
- CPR (done by others)

Questions:

1. Is there a danger that Jason won't get enough food if you take the bottle out when he is falling asleep?
2. Why would you or wouldn't you suggest thickening his feedings?
3. Could the initial observations of mildly increased tone be related to any of the other findings from this evaluation?