

CHECKLIST FOR FEEDING CONCERNS IN INFANTS AND YOUNG CHILDREN



UNDER 3 MONTHS

□ Coughing throughout meal or when drinking □ Spitting up frequently after meals □ Abnormal bowel movements (constipation, diarrhea, and loose stool) and frequency □ Skin reaction (dry patches, hives, and rashes) □ Discomfort (crying, arching back, irritability, and retching)
4-6 Months
□ Coughing throughout meal or when drinking □ Spitting up frequently after meals □ Abnormal bowel movements (constipation, diarrhea, and loose stool) and frequency □ Skin reaction (dry patches, hives, and rashes) □ Discomfort (crying, arching back, irritability, and retching)
6-8 Months
□ Coughing throughout meal or when drinking □ Spitting up frequently after meals □ Abnormal bowel movements (constipation, diarrhea, and loose stool) and frequency □ Skin reaction (dry patches, hives, and rashes) □ Discomfort (crying, arching back, irritability, and retching) □ Limited diet (e.g. prefers eating same foods, same color, or same texture) □ Gag response to new or non-preferred foods □ Minimal fluid intake/adipsia (e.g. child will eat solid foods, but very little fluid intake)
8-12 Months
□ Coughing throughout meal or when drinking □ Spitting up frequently after meals □ Abnormal bowel movements (constipation, diarrhea, and loose stool) and frequency □ Skin reaction (dry patches, hives, and rashes) □ Discomfort (crying, arching back, irritability, and retching) □ Limited diet (e.g. prefers eating same foods, same color, or same texture) □ Gag response to new or non-preferred foods □ Minimal fluid intake/adipsia (e.g. child will eat solid foods, but very little fluid intake) □ Limited variety of textures (e.g. prefers smooth/creamy foods or eating only crunchy foods) □ Excessive fluid intake (e.g. drinks bottle or from cup, but minimal food intake) □ Failure to transition to baby food purees by 8-10 months □ Failure to transition to any table foods by 12 months

12-18 MONTHS
Coughing throughout meal or when drinking Spitting up frequently after meals Abnormal bowel movements (constipation, diarrhea, and loose stool) and frequency Skin reaction (dry patches, hives, and rashes) Discomfort (crying, arching back, irritability, and retching) Limited diet (e.g. prefers eating same foods, same color, or same texture) Gag response to new or non-preferred foods Minimal fluid intake/adipsia (e.g. child will eat solid foods, but very little fluid intake) Limited variety of textures (e.g. prefers smooth/creamy foods or eating only crunchy foods) Failure to transition to any table foods by 16 months Persistence on bottle/breast past 16 months, without ability/interest in cup drinking Excessive fluid intake (e.g. drinks bottle or from cup, but minimal food intake) Chewing skill deficits (e.g. eating only easy to swallow foods, not demonstrating safe or efficient chewing skills after 12 months) Food refusal (e.g. pushing food away, throwing foods, crying, tantrums at meal time) Excessive mouthing
18-24 Months
Coughing throughout meal or when drinking Spitting up frequently after meals Abnormal bowel movements (constipation, diarrhea, and loose stool) and frequency Skin reaction (dry patches, hives, and rashes) Discomfort (crying, arching back, irritability, and retching) Limited diet (e.g. prefers eating same foods, same color, or same texture) Repertoire of less than 20 foods Gag response to new or non-preferred foods Minimal fluid intake/adipsia (e.g. child will eat solid foods, but very little fluid intake) Limited variety of textures (e.g. prefers smooth/creamy foods or eating only crunchy foods) Failure to transition to any table foods by 16 months Excessive fluid intake (e.g. drinks bottle or from cup, but minimal food intake) Chewing skill deficits (e.g. eating only easy to swallow foods, not demonstrating safe or efficient chewing skills after 12 months) Food refusal (e.g. pushing food away, throwing foods, crying, tantrums at meal time) Refusal to self-feed (e.g. finger foods or utensil use) Excessive mouthing

24-30 Months ☐ Coughing throughout meal or when drinking ☐ Spitting up frequently after meals Abnormal bowel movements (constipation, diarrhea, and loose stool) and frequency ☐ Skin reaction (dry patches, hives, and rashes) ☐ Discomfort (crying, arching back, irritability, and retching) ☐ Limited diet (e.g. prefers eating same foods, same color, or same texture) ☐ Repertoire of less than 20 foods □ Need for Pediasure or other supplement for weight gain ☐ Gag response to new or non-preferred foods ☐ Minimal fluid intake/adipsia (e.g. child will eat solid foods, but very little fluid intake) Limited variety of textures (e.g. prefers smooth/creamy foods or eating only crunchy foods) ☐ Excessive fluid intake (e.g. drinks bottle or from cup, but minimal food intake) Chewing skill deficits (e.g. eating only easy to swallow foods, not demonstrating safe or efficient chewing skills after 12 months) ☐ Food refusal (e.g. pushing food away, throwing foods, crying, tantrums at meal time) ☐ Refusal to self-feed (e.g. finger foods or utensil use) ☐ Excessive mouthing OTHER RED FLAGS NOT LISTED ABOVE Other Red Flags not Listed Above Include: Any child who is tube fed, whether they are ready for transition to oral feeding or not ☐ Any child with a history of digestive, gastrointestinal, or oral-facial surgeries, syndromes, or complications ☐ Poor weight gain or weight loss ☐ Incidents of nasal reflux ☐ A traumatic choking event