Stage 1

38 weeks

1. Concern for aspiration → consider MBS
2. Concern for feeding intolerance/GERD/slow PO progress → consider BCH GI consult

Evaluate PO Feeding Abilities

- ~ 50% or greater PO and good progress
- Less than ~ 50% PO and slow progress

*Family Meeting*
Discuss discharge options

*Family Meeting*
Discuss feeding progress/plans

Discharge when full PO

- Continue inpatient care
- Implement additional strategies
- Reevaluate weekly
- Proceed to Stage 2

Arrange Outpatient Follow Up
Stage 2

40 weeks

1. Concern for aspiration → MBS
2. Concern for feeding intolerance/GERD/slow PO progress → BCH GI consult

Evaluate PO Feeding Abilities

- All PO (or anticipated in near future)
- Partial PO and medically stable
- Not medically ready for discharge (or delayed initiation of PO)

Family Meeting
Discharge planning

GI consult
Discuss discharge feeding plan

- Continue inpatient care.
- Implement additional strategies.
- Reevaluate readiness for PO discharge or level II/rehab transfer weekly

Plan for discharge full PO

< 40-50% PO

>40-50% PO

Good Progress

Slow Progress

Consider Discharge PO/NG

Consider Discharge PO/G/GJ

Arrange Outpatient Follow Up

1. Concern for aspiration → MBS
2. Concern for feeding intolerance/GERD/slow PO progress → BCH GI consult
Stage 3
42-44 weeks

1. Aspiration ruled out or MBS reviewed
2. Case discussed with BCH GI and multidisciplinary team

Evaluate PO Feeding Abilities

- All PO (or anticipated in near future)
- Partial PO and medically stable
- Not medically ready for discharge (or delayed initiation of PO)

Family Meeting
Discharge Planning

- Family Meeting
Discuss discharge feeding plan

- Continue inpatient care.
- Implement additional strategies.
- Reevaluate readiness for PO discharge or level II/rehab transfer weekly

Good Progress
< 40-50% PO

Discharge Full PO

Good Progress
>40-50% PO

Slow Progress

Surgery consult
Discharge PO/G/GJ

Transfer to Level II/Rehab

Discharge PO/NG

Arrange Outpatient Follow Up