Supplemental Digital Content File

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| Day | INTERVENTION |
| Pre-admission  (Days 1-3) | Pre-wean plan completed by family in home environment  Gradual reduction of calories via tube to 40% of initial volumes  Fluid and electrolyte levels balanced via tube during this period using electrolyte solution  Families continue with oral offerings and mealtimes as per initial evaluation goals and recommendations |
| Admit  Day 1 (Monday) | Commencement of intensive program in hospital  Families and therapists involved in all meals and 1 snack (1 snack family do on their own)  Therapists providing routine development, parent coaching and management of behaviours (child, parent or sibling) during the meal and post meal feedback/goal setting  Tube used to give 40% of usual calories at breakfast time then not used throughout day (unless clinically indicated via hypoglycaemia)  Goals for each meal depended purely on the capacity and progress of the individual child and their family unit and included state regulation at the table, self-initiation of food/drink interaction behaviours, parental/sibling interactions at mealtimes, child autonomy  Additional top up tube feeds given at night once child asleep at an amount and rate calculated as suitable for hydration, to manage extensive weight loss and maintain blood glucose levels based on oral intake that day. |
| Day 2 (Tuesday) | Families and therapists involved in all meals and 1 snack as per day 1  Additional top up tube feeds given at night or during day sleep if/as required – amount determined by Paediatrician and Dietitian |
| Day 3 (Wednesday) | Therapists involved in 3/5 meals  Additional top up tube feeds given at night or during day sleep if/as required – amount determined by Paediatrician and Dietitian. Amount actively reduced each night until no longer required  If child is deemed hydrated and fasting blood glucose levels WNL, nasogastric tube will be removed post breakfast.  Increasing venues for meals |
| Day 4 (Thursday) | Therapists involved in 2-3/5 meals |
| Day 5 (Friday) | Therapists involved in 2/5 meals with evening meal in social setting |
| Day 6 (Saturday) | Therapist involved in breakfast meal, with family managing the day by themselves |
| Day 7 (Sunday) | Discharge home with final Paediatrician and Speech Pathologist review |
| 1 week post discharge | Skype or Clinic review (pending proximity of the family home to the clinic) with Speech Pathologist. This included a shared mealtime with behaviour/sensory/oral motor observations, problem solving challenges of the first week at home, urine and stool output, height, weight, food diary, enteral feed volumes (these details were provided to Dietitian for further input if required). Recommendations regarding foods, texture, oral strategy, mealtime management were given as required and liaison with Dietitian pending weight, hydration and oral intake. |
| 2 weeks post discharge | Paediatrician review (with child’s usual Paediatrician or General Practitioner)  Skype or Clinic review with Dietitian. This involved shared mealtime and observations, height, weight, hydration (urine and stool report), 3 day food diary completed by parents, enteral ‘top up’ volumes, preferred foods/textures. Liaison with Speech Pathologist post review if required for strategies regarding food/texture/mealtime behaviour/fluid tolerance.  Infant Mental Health support to parents as required and negotiated on an individual basis |
| 4 weeks post discharge | Skype or Clinic review with Speech Pathologist (as per above) |
| 6 weeks post discharge | Skype or Clinic review with Dietitian (as per above) |
| 8 weeks post discharge | Skype or Clinic review with Speech Pathologist (as per above) |
| 12 weeks post discharge | Skype or Clinic review with Dietitian (as per above). Subsequent review sessions arranged with Dietitian or Speech Pathologist as clinically indicated. |

***Table 1: Outline of clinical hunger provocation, intensive therapy and follow-up program***

***Note: ‘Therapists’ are either a Speech Pathologist, Occupational Therapist, Dietitian or Infant Mental Health specialist all trained and experienced in tube weaning, mealtime management and feeding disorders.***