

Congenital Hyperinsulinism Feeding Audit

Review by the Endocrine Service

Change of treatment since 2012

- Infants always offered trophic feeds on admission
- Blood glucose levels stabilised using SC/IV Glucagon and/or SC Octreotide
- IV glucose volume reduced and infants feeding established
- Diazoxide only commenced once feeding established

Aim

To identify the number of patients with CHI who have associated feeding difficulties.

To determine the level of parental concern around feeding issues

Where possible, to discharge each patient with normal glycaemic control on a normal oral feeding plan of care.

Standards

The audit will look at the following factors:

- Patient feeding issues on admission and on discharge.
- Parental concerns.
- Interventions required from Speech and Language Department / Dietetics Department.

Sample

A consecutive sample of 12 patients with a diagnosis of CHI who were admitted to Great Ormond Street Hospital between January and October 2015

Methodology

CNS team designed and completed paper based questionnaires for each patient included in the sample. Information was obtained from medical and nursing notes. We have compared results with our data from 2012

Presence of a feeding difficulty

8/12 patients with HI had some kind of feeding difficulty on admission

Resolution of difficulty

76% (6/8) with a difficulty on admission were feeding orally or breast fed on discharge (c/w
54% (7/13) in 2012)

Parental Concern

- Overall, 50% (6/12) of parents had concerns about feeding on admission of their child to Great Ormond Street (c/w 73% (11/15) in 2012)
Concerns included:
 - Not being able to breast feed
 - Difficulty in feeding orally
 - Vomiting on feeds
- On discharge 8% (1/12) parents had concerns about feeding. (c/w 60% (9/15) in 2012)
- 83% (5/6) of parents had concerns on admission but were not concerned about feeding at discharge
- 8% (1/12) parents had concerns at discharge but not on admission (c.w 17% in 2012 2/15)

Patient discharge

Mean length of stay for patients with CHI: 63 days (c/w 57 days in 2012)

Range of the length of stay for patients with CHI: (8-222 days) (c/w – 5 days-314 days in 2012))

No patients had a delay in discharge (c/w 33% (5/15) in 2012) .

Feeding issues were an identified reason for delay for 80% (4/5) of patients in 2012. No delays in 2015

- 100% (6/6 of) parents, who were concerned about their child's feeding, were referred to the Speech and Language Therapy / Dietetics Services. 5 seen by dietitians, 1 by SLT)
- 8/12 patients saw a dietitian
- 3/12 had SLT input
- 1/12 had neither

Conclusion

- 76% (6/8) with a difficulty on admission were feeding orally or breast fed on discharge (c/w 54% (7/13) in 2012)
- On discharge 8% (1/12) parents had concerns about feeding. (c/w 60% (9/15) in 2012)
- Feeding issues were an identified reason for delay for 80% (4/5) of patients in 2012. No delays were seen due to feeding issues in 2015

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