Abstract

In the Neonatal Intensive Care Unit (NICU), speech-language pathologists (SLPs) help treat infants who have swallowing disorders, also known as dysphagia (American Speech-Language Hearing Association, n.d.). One common thickener used to assist infants during feedings is oatmeal cereal (Madhoun, Siler-Wurst, Sitaram, & Jadcheria, 2015; Eney, 2015). As infants in the NICU gradually progress with their ability to swallow more amounts of formula without aspiration, SLPs often keep the ratio of oatmeal per ounce (oz.) of formula equivalent as the amount of liquid per feeding session is increased (Madhoun, Siler-Wurst, Sitaram, & Jadcheria, 2015). This is done because it is thought that the thickness would be the same as prior feedings even though it is a larger amount. The following is an investigation of whether this practice is effective and if the same thickness level is truly maintained when altering the amount of liquid with the same ratio of oatmeal per fluid ounce. This concept was tested by measuring the viscosities of four different infant formula-oatmeal cereal mixtures each having 2 tablespoons (Tbsp.) of oatmeal per 1 oz. of liquid. These mixtures were 0.5 Tbsp. of oatmeal cereal mixed in 1 oz. of formula, 1 Tbsp. in 2 oz., 2 Tbsp. in 4 oz., 4 Tbsp. in 8 oz., and 8 Tbsp. in 16 oz. The viscosities were measured via a viscometer (Table 3; Graph 1) using the National Dysphagia Diet (Table 1) and the International Diet Standardisation Initiative flow test (Table 2) to determine the thickness level.

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