Speech and Language Therapy Prioritisation Criteria

1 Assigned/Actioned Within 24 hours

•Inpatients:

- NPO with no means of nutrition/hydration awaiting decision on route of feeding e.g. children and young people after posterior fossa surgery or an acute deterioration in their oral feeding.
- Pre-operative baseline assessments for children and young people with CNS tumours or children and young people undergoing inpatient telemetry (with involvement of areas of brain related to swallow and/or communication).
- Assessment of acquired communication difficulties associated with epilepsy or sudden onset conditions e.g. ABI, tumour.
- Presence of one or more of these risk factors:
- Coughing and or choking during oral intake.
  - Wet voice quality.
  - Shortness of breath during/following oral intake.
  - Desaturations during feed.
  - Deteriorating chest status.
  - Pyrexia.
- Assessment of swallow with fluctuating medical condition/changes e.g. neurological, respiratory changes.

2 Assigned/Actioned Within 48-72 hours

•Inpatients:

- NPO with NGT/alternative method of nutrition
- SLT input required for decisions related to comfort feeding e.g. in long-term palliative care.
- Children or young people referred for MDT assessment because of new diagnosis of medical condition with known risk factors for feeding difficulties
- Children or young peoplewho do not meet pre-requisite requirements for SLT assessment will be re-triaged within 48 hours of initial triage or as deemed clinically appropriate. e.g.:
  - Poor/inconsistent levels of alertness.
  - Not tolerating sitting/handling
  - Concerns about secretion management.

•Outpatients:

- Children transferred from inpatient service
- Children referred as IPs but not seen
- Children or young people not seen within 1-5 days from receipt of referral as capacity allow

3 Assigned/Actioned Within 1 - 5 Days

•Inpatients

- Infants not ready for PO intake & requiring positive oral experiences programme
- Children or young people having an inpatient work-up who are orally fed with no overt signs of dysphagia and no respiratory/chest concerns & presenting with one of the following:
  - Reduced oral intake/concerns re weight
  - Signs of oral aversion.
  - Residue in mouth post-swallow.
  - Drooling (> 4 years old)
- Dependency for feeding (over one year of age).

•Outpatients:

- Time sensitive feeding or communication referrals e.g. new diagnosis of neurodegenerative condition
- Dysphagia referral where there is an urgent concern about chest status/ aspiration/choking.
- Change in feeding or communication related to intermittent/unpredictable /unstable conditions e.g. epilepsy/concern re neuroregression/Landau Kleffner Syndrome.

4 Assigned/Actioned Within 6 - 10 days

•Outpatients:

- *Pre-surgical evaluations e.g. epilepsy surgery initial assessment, tumour baseline assessment (***Response timeframe is case-dependant in pre-surgical evaluations).**
- Dysphagia referral where this is ongoing concern regarding recurrent chest infections but no overt/obvious signs of difficulty when feeding
- Dysphagia referral where assessment of oromotor skills and swallow are requested as part of an MDT work-up/differential diagnosis and there are no urgent concerns

5 Assigned/Actioned Within 2- 8 weeks

•Outpatients:

- Initial appointments with infants with new diagnoses of cleft lip/palate.
- Initial appointments referred from Craniofacial team.
- Cleft patients requiring timed pre-surgical, post-surgical or Audit appointments.
- 18 month timed Speech assessments for patients with cleft lip/palate.
- Passy Muir valve trials requested by ENT.

6 Assigned/Actioned Within 12 weeks

•Outpatients:

- Diagnostic assessments for feeding issues where there is no swallow safety concerns, with onward referral as appropriate where a child/young person is linked to a CHI consultant.
- Second opinion speech assessments e.g. VPI
- *Communication assessment for onward referral for children and young people with a significant and ongoing medical condition, who are linked to a CHI consultant.

- * Evidence suggests that there are many medical conditions where children should have access to SLT for baseline assessments of communication. SLT in CHI at Temple St is currently not resourced to provide this service, however referrals can be made for children and these figures will be maintained in the SLT department to support cases for additional services. These referrals may not be accepted and referrers may need to refer the child/young person onwards to community services.

Patients should be given a priority rating based on information provided at time of referral. This information should be provided to the referrer along with estimated response time to referral. This priority rating should be documented in the chart at time of referral. Referral priority can change as further information is received or with time.

15 February 2018 and reviewed 16th May 2022