

# Supplemental Information

## WEEKLY ORAL FEEDING LOG

Name: \_\_\_\_\_ medical record number: \_\_\_\_\_ Start date: \_\_\_\_\_ GA: \_\_\_\_\_ PMA: \_\_\_\_\_

		Pre-feeding Assessment			Oral Feeding Assessment		
		<4L HFNC?	Normal work of breathing?	Responsive to care	Suck-swallow-breathe coordination	Interventions applied	Feeding discontinued
MONDAY	1				Adequate Fair Weak		
	2				Adequate Fair Weak		
	3				Adequate Fair Weak		
	4				Adequate Fair Weak		
	5				Adequate Fair Weak		
	6				Adequate Fair Weak		
	7				Adequate Fair Weak		
	8				Adequate Fair Weak		
TUESDAY	1				Adequate Fair Weak		
	2				Adequate Fair Weak		
	3				Adequate Fair Weak		
	4				Adequate Fair Weak		
	5				Adequate Fair Weak		
	6				Adequate Fair Weak		
	7				Adequate Fair Weak		
	8				Adequate Fair Weak		
WEDNESDAY	1				Adequate Fair Weak		
	2				Adequate Fair Weak		
	3				Adequate Fair Weak		
	4				Adequate Fair Weak		
	5				Adequate Fair Weak		
	6				Adequate Fair Weak		
	7				Adequate Fair Weak		
	8				Adequate Fair Weak		

Suck-Swallow-Breathe		Feeding Interventions		Discontinuation of Feeding	
Adequate	Engaged with rhythmical and coordinated sucking No oral spill No intervention required	A	Elevated side-lying position	A	Fatigue
Fair	Initially engaged but fatigues as feeding progresses Difficulty coordinating swallow Responded to pacing for oral spill May benefit from rest breaks Slight increase in work of breathing above baseline	B	External pacing	B	Behavioral stress cues
		C	Increased oxygen need during feeding	C	Disengagement cues and/or avoidance
		D	Nipple change	D	Feeding exceeds 30 minutes
		E	Stimulation due to bradycardia(s) and/or desaturation(s)	E	Frequent bradycardias and desaturations
Weak	Becomes disengaged related to stress cues Experienced bradycardia(s) and/or desaturation(s) Significant oral spill Heavy work of breathing and/or tachypnea Experienced coughing and/or choking	F	Paused for resting	F	Increased work of breathing and/or increased RR
		G	Re-alerting due to fatigue	G	Loss of feeding cues
		H	Other (specify)	H	Other (specify)

## SUPPLEMENTAL FIGURE 5

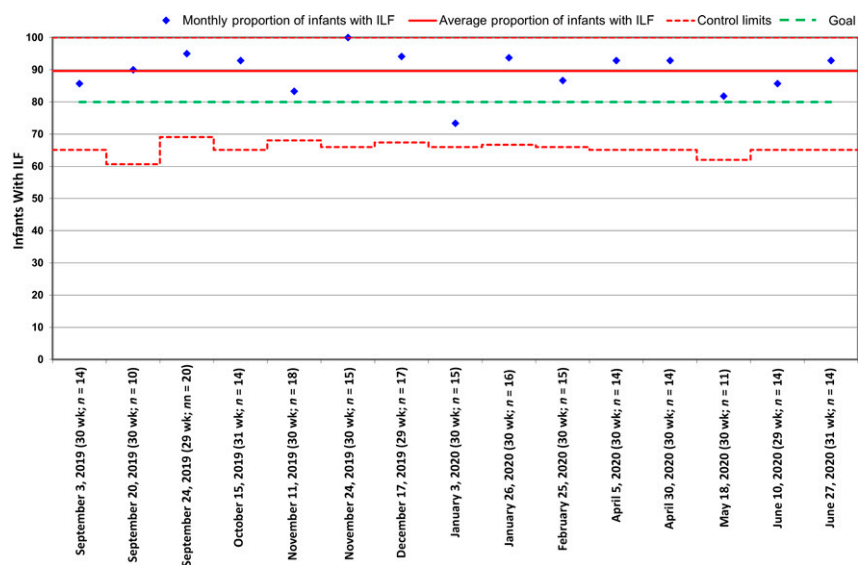
Bedside cue-based feeding log depicting the prefeeding assessment, oral feeding assessment, feeding interventions, and reasons for feeding discontinuation.

		Pre-feeding Assessment			Oral Feeding Assessment			
		<4L HFNC?	Normal work of breathing?	Responsive to care	Suck-swallow-breathe coordination	Interventions applied	Feeding discontinued	
THURSDAY	1				Adequate	Fair	Weak	
	2				Adequate	Fair	Weak	
	3				Adequate	Fair	Weak	
	4				Adequate	Fair	Weak	
	5				Adequate	Fair	Weak	
	6				Adequate	Fair	Weak	
	7				Adequate	Fair	Weak	
	8				Adequate	Fair	Weak	
FRIDAY	1				Adequate	Fair	Weak	
	2				Adequate	Fair	Weak	
	3				Adequate	Fair	Weak	
	4				Adequate	Fair	Weak	
	5				Adequate	Fair	Weak	
	6				Adequate	Fair	Weak	
	7				Adequate	Fair	Weak	
	8				Adequate	Fair	Weak	
SATURDAY	1				Adequate	Fair	Weak	
	2				Adequate	Fair	Weak	
	3				Adequate	Fair	Weak	
	4				Adequate	Fair	Weak	
	5				Adequate	Fair	Weak	
	6				Adequate	Fair	Weak	
	7				Adequate	Fair	Weak	
	8				Adequate	Fair	Weak	
SUNDAY	1				Adequate	Fair	Weak	
	2				Adequate	Fair	Weak	
	3				Adequate	Fair	Weak	
	4				Adequate	Fair	Weak	
	5				Adequate	Fair	Weak	
	6				Adequate	Fair	Weak	
	7				Adequate	Fair	Weak	
	8				Adequate	Fair	Weak	

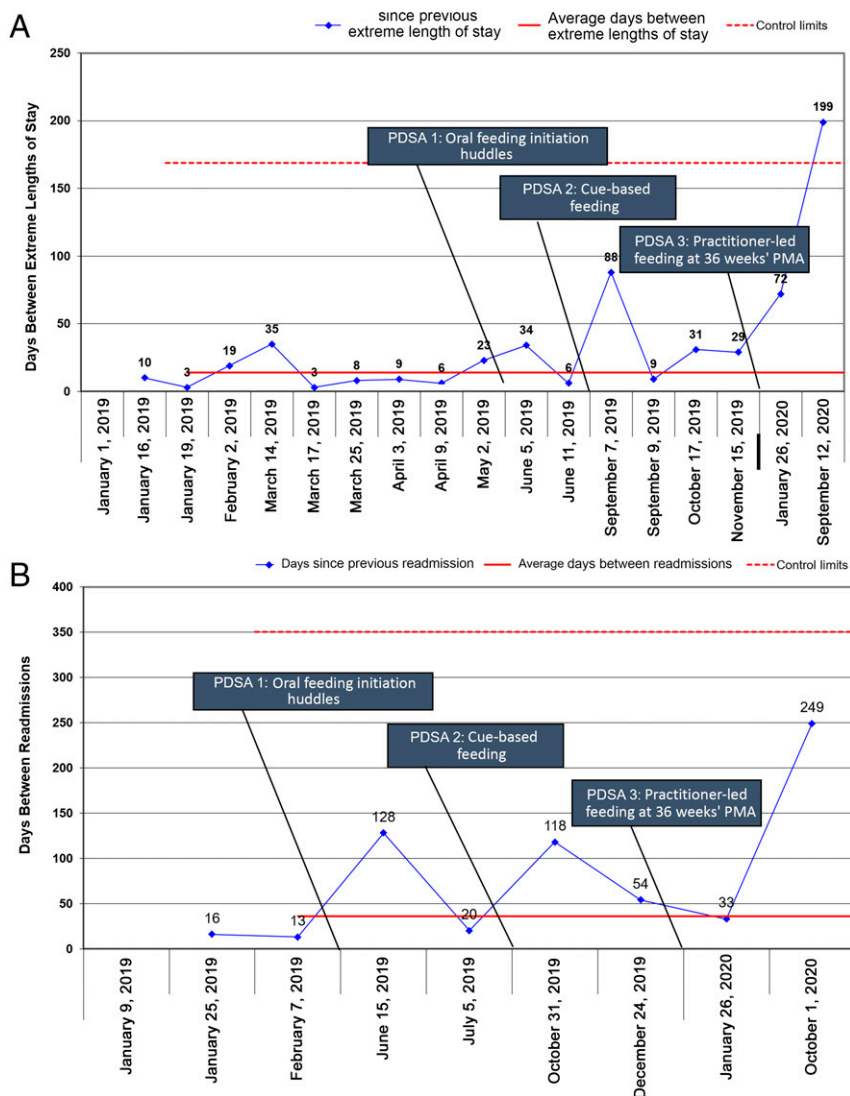
Suck-Swallow-Breathe			
Adequate	Engaged with rhythmical and coordinated sucking No oral spill No intervention required	Feeding Interventions	Discontinuation of Feeding
Fair	Initially engaged but fatigues as feeding progresses Difficulty coordinating swallow Responded to pacing for oral spill May benefit from rest breaks Slight increase in WOB above baseline	A Elevated side-lying position	A Fatigue
		B External pacing	B Behavioral stress cues
		C Increased oxygen need during feeding	C Disengagement cues and/or avoidance
		D Nipple change	D Feeding exceeds 30 minutes
		E Stimulation due to bradycardia(s) and/or desaturation(s)	E Frequent bradycardias and desaturations
Weak	Becomes disengaged related to stress cues Experienced bradycardia(s) and/or desaturation(s) Significant oral spill Heavy WOB and/or tachypnea Experienced coughing and/or choking	F Paused for resting	F Increased WOB and/or increased RR
		G Re-alerting due to fatigue	G Loss of feeding cues
		H Other (specify)	H Other (specify)

**SUPPLEMENTAL FIGURE 5**  
Continued.



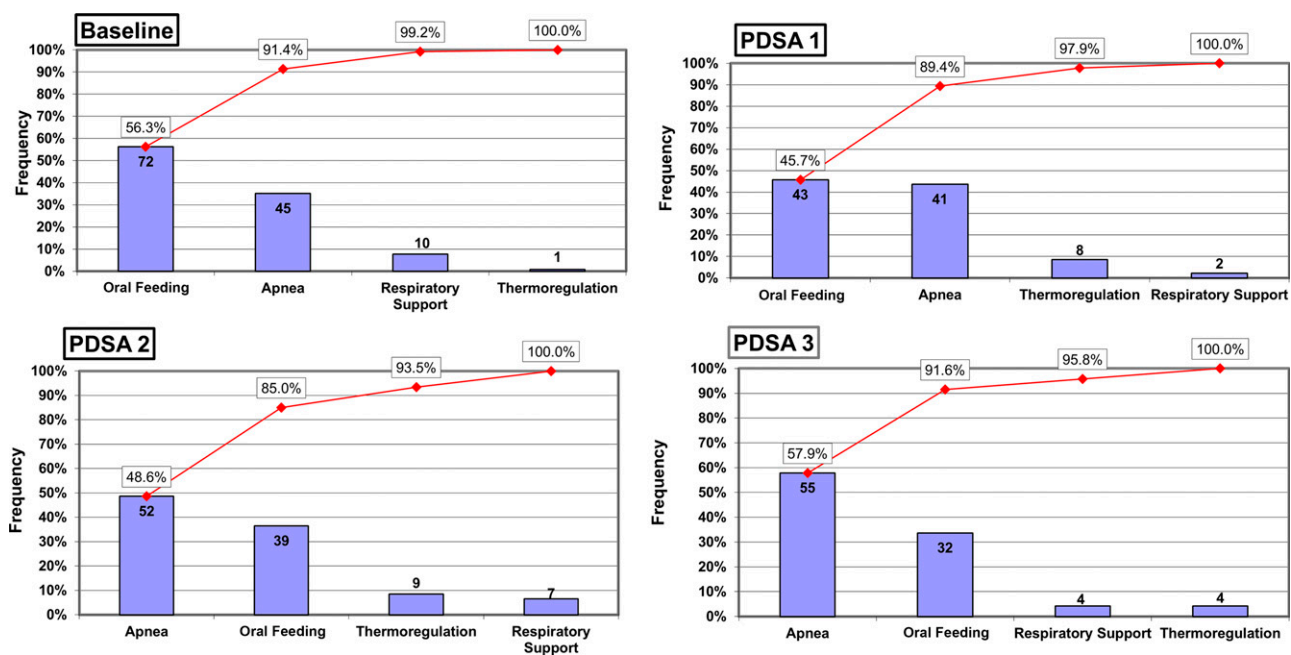
# **SUPPLEMENTAL FIGURE 6**

P-chart of cue-based feeding flowsheet compliance after implementation during PDSA 2. ILF, infant-led feeding.



# **SUPPLEMENTAL FIGURE 7**

A, T-chart of extreme length of stay defined as continued hospitalization at  $\geq 48$  weeks' PMA. Days on which an infant was born with subsequent extreme length of stay are reported on the x-axis, with days between events noted above each data point. B, T-chart of all-cause readmissions for the duration of the initiative. Days on which an infant was born with subsequent readmission are reported in the x-axis, with days between events noted above each data point.



#### SUPPLEMENTAL FIGURE 8

Pareto charts for the top 4 terminal barriers to discharge by PDSA cycle.