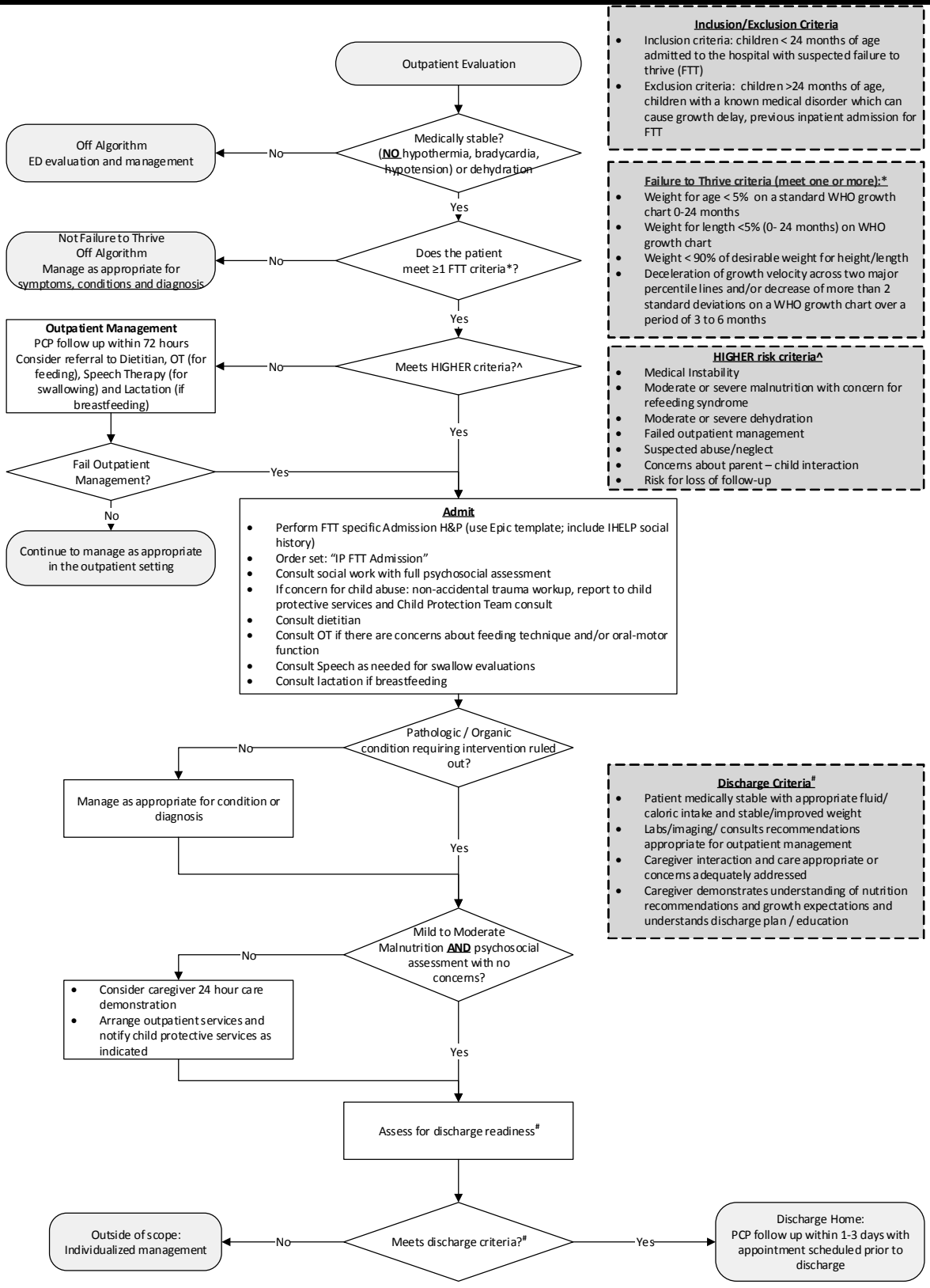
DATE: May 2018

TEXAS CHILDREN'S HOSPITAL
EVIDENCE-BASED OUTCOMES CENTER
Management of Failure to Thrive
Evidence-Informed Pathway



Critical Points of Evidence*

Evidence Supports

- A multidisciplinary team consisting of social work, case management, occupational therapy, lactation consultants (if breastfed), and registered dietitians should be involved with all pediatric failure to thrive admissions. [1-4] – Strong recommendation, very low quality evidence
- Providers should consider obtaining an upper GI or endoscopy in children admitted with FTT and vomiting. [3-7] – Weak recommendation, very low quality evidence
- Providers should consider a screening metabolic profile with magnesium and phosphorus with appropriate follow-up monitoring for patients with severe failure to thrive and malnutrition to identify refeeding syndrome. Uncomplicated pediatric patients with failure to thrive have a low risk of refeeding syndrome. [8,9] – Weak recommendation, very low quality evidence

Evidence Against

- Providers should not obtain screening labs and imaging in children with FTT without specific indication identified on history and physical exam as it does not change the diagnosis or management in these patients. [3-7] – Strong recommendation, very low quality evidence

*NOTE: The references cited represent the entire body of evidence reviewed to make each recommendation.

References

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Clinical Standards Preparation

This pathway was adapted from clinical standards at Nationwide Children's Hospital as part of the Pediatric Initiative for Clinical Standards (PICS) Collaborative. Development of this clinical standard supports the TCH Quality and Patient Safety Program initiative to promote clinical standards and outcomes that build a culture of quality and safety within the organization.

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No relevant financial or intellectual conflicts to report.

Development Process

This clinical standard was developed using the process outlined in the EBOC Manual. The literature appraisal documents the following steps:

1. Review Preparation
   - PICO questions established
   - Evidence search confirmed with content experts
2. Review of Existing External Guidelines
   - World Health Organization, Updates on the Management of Severe Acute Malnutrition in Infants and Children, 2013; A Practical Approach to Classifying and Managing Feeding Difficulties, 2015
3. Literature Review of Relevant Evidence
   - Searched: PubMed, Cochrane Library
4. Critically Analyze the Evidence
   - 1 randomized controlled trial and 4 nonrandomized studies
5. Summarize the Evidence
   - Materials used in the development of the clinical standard, literature appraisal, and any order sets are maintained in a Failure to Thrive evidence-based review manual within EBOC.

Evaluating the Quality of the Evidence

Published clinical guidelines were evaluated for this review using the **AGREE II** criteria. The summary of these guidelines are included in the literature appraisal. AGREE II criteria evaluate Guideline Scope and Purpose, Stakeholder Involvement, Rigor of Development, Clarity and Presentation, Applicability, and Editorial Independence using a 4-point Likert scale. The higher the score, the more comprehensive the guideline.

This clinical standard specifically summarizes the evidence *in support of* or *against* specific interventions and identifies where evidence is *lacking/inconclusive*. The following categories describe how research findings provide support for treatment interventions.
"Evidence Supports" provides evidence to support an intervention
"Evidence Against" provides evidence against an intervention.
"Evidence Lacking/Inconclusive" indicates there is insufficient evidence to support or refute an intervention and no conclusion can be drawn *from the evidence.*
The **GRADE** criteria were utilized to evaluate the body of evidence used to make practice recommendations. The table below defines how the quality of the evidence is rated and how a strong versus weak recommendation is established. The literature appraisal reflects the critical points of evidence.

Recommendation	
STRONG	Desirable effects clearly outweigh undesirable effects or vice versa
WEAK	Desirable effects closely balanced with undesirable effects
Quality	**Type of Evidence**
High	Consistent evidence from well-performed RCTs or exceptionally strong evidence from unbiased observational studies
Moderate	Evidence from RCTs with important limitations (e.g., inconsistent results, methodological flaws, indirect evidence, or imprecise results) or unusually strong evidence from unbiased observational studies
Low	Evidence for at least 1 critical outcome from observational studies, RCTs with serious flaws or indirect evidence
Very Low	Evidence for at least 1 critical outcome from unsystematic clinical observations or very indirect evidence

Recommendations

Practice recommendations were directed by the existing evidence and consensus amongst the content experts. Patient and family preferences were included when possible. The Content Expert Team and EBOC team remain aware of the controversies in the diagnosis/management of failure to thrive in children. When evidence is lacking, options in care are provided in the clinical standard and the accompanying order sets (if applicable).

Approval Process

Clinical standards are reviewed and approved by hospital committees as deemed appropriate for its intended use. Clinical standards are reviewed as necessary within EBOC at Texas Children's Hospital. Content Expert Teams are involved with every review and update.

Disclaimer

Practice recommendations are based upon the evidence available at the time the clinical standard was developed. Clinical standards (guidelines, summaries, or pathways) do not set out the standard of care and are not intended to be used to dictate a course of care. Each physician/practitioner must use his or her independent judgment in the management of any specific patient and is responsible, in consultation with the patient and/or the patient's family, to make the ultimate judgment regarding care.

Version History

Date	Comments
May 2018	Originally completed