Why are we using Carobel?

To improve sucking & swallowing coordination on bottle feeding

Recommended by SLT & part of SLT Feeding

It could be for both

For reflux management

Recommended by the medical Team

Either at 1%, 2% or 3%

Milk does not need to be left to stand/thicken before giving (whether by bottle or NGT) as it is assumed there are no oropharyngeal feeding difficulties

There will a plan on Badger & a laminated bedside plan that will detail the;

- required IDDSI Level/thickness
- milk : Carobel volume recipe needed to achieve that thickness
- mixing requirements
- standing time needed to achieve the right thickness prior to offering the bottle

Speak to SLT if you have any difficulties with the SLT plan

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On NICU Tues & Fri.

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All Bottle

If 1% add Carobel to full feed and give bottle immediately

If 2% or 3% add Carobel to a small volume of milk and give immediately (before it thickens)

Then give remainder feed un-thickened via bottle

Part Oral / Part NGT

Part Bottle / part NGT

Add Carobel to some or all of the milk and give immediately via bottle

Give NGT top up as needed;

- If milk is EBM try to get leftover thickened EBM down the NGT
- If milk is formula, consider using new thin formula for ease

Part Breastfeeding / part NGT

Allow to breast feed until finished

Then add Carobel to the top up milk and give immediately via the NGT

All NGT

Add Carobel to a small volume of the milk and give immediately via the NGT (before it thickens too much)

Then give remainder volume un-thickened

All Breastfeeding

Add Carobel to 20mls EBM and give immediately from bottle or cup

Then allow to breast feed.

If you have concerns about how well a baby is feeding orally (coughing, unusually disorganised feeding, eye watering/blinking, increase in WOB, wet/gurgly breathing, desaturations) consider referral to SLT