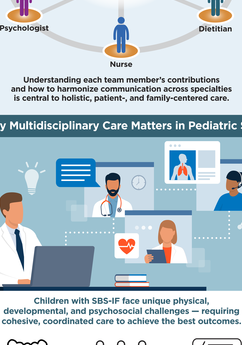
Engaging in Multidisciplinary Coordinated Care for Children and Adolescents Living With SBS

Effective management of SBS in children and adolescents requires close coordination among gastroenterologists, surgeons, dietitians, nurses, mental health professionals, and caregivers. Multidisciplinary collaboration optimizes both medical and psychosocial outcomes, reduces reliance on PN, and improves QoL.



Understanding each team member's contributions and how to harmonize communication across specialties is central to holistic, patient-, and family-centered care.

Why Multidisciplinary Care Matters in Pediatric SBS



Children with SBS-IF face unique physical, developmental, and psychosocial challenges — requiring cohesive, coordinated care to achieve the best outcomes.

Multidisciplinary care enhances intestinal rehabilitation and and reduces reliance on PN

Early and ongoing communication prevents fragmented care and conflicting recommendations

Collaborative decision-making improves adherence and continuity across care transitions

Mental health integration supports resilience in both patients and families

>50% of caregivers report high stress managing daily SBS care

Multidisciplinary care is associated with higher survival and enteral autonomy rate

Team-based intestinal rehabilitation decreases reliance on PN by up to 60%

70% of families say coordinated communication improves QoL

Roles and Responsibilities of the SBS Care Team



Each discipline contributes specialized expertise; effective collaboration requires clarity of roles and proactive communication.

Gastroenterologist
Oversees medical management, monitors intestinal adaptation, and coordinates PN weaning strategies

Surgeon
Assesses anatomic potential for reconstruction or lengthening procedures

Dietitian
Tailors enteral and oral feeding plans; monitors micronutrient status

APP/Nurse/APRN/Navigator
Ensures care continuity, education, and symptom monitoring; liaises between family and team

Pharmacist
Reviews and optimizes PN and medication regimens

Psychologist/Therapist
Supports coping, adjustment, and developmental needs; addresses caregiver distress

Social Worker
Connects families with community resources and insurance navigation

School Liaison
Coordinates IEP/504 accommodations for pediatric patients

Practical Strategies for Effective Coordination

Successful multidisciplinary coordination is built on structured communication, shared goals, and family engagement.

Establish regular MDT meetings (in person or virtual)

Utilize shared EHR/EMR or communication platforms

Assign a point person (eg, nurse navigator) for central coordination

Create shared care plans summarizing nutrition, medication, and psychosocial goals

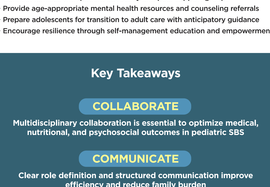
Integrate family and patient perspectives in goal setting and treatment planning

Engage community-based providers (eg, local pediatricians, school health staff)

Provide educational materials for families and schools about SBS care needs

Extending Support Beyond the Clinical Setting

Ongoing psychosocial and educational support is key to sustaining progress and promoting independence in pediatric and adolescent patients.



- Collaborate with school counselors to establish IEP/504 plans
- Connect families with patient advocacy and peer support groups
- Provide age-appropriate mental health resources and counseling referrals
- Prepare adolescents for transition to adult care with anticipatory guidance
- Encourage resilience through self-management education and empowerment

Key Takeaways

COLLABORATE
Multidisciplinary collaboration is essential to optimize medical, nutritional, and psychosocial outcomes in pediatric SBS

COMMUNICATE
Clear role definition and structured communication improve efficiency and reduce family burden

SUPPORT
Integrating mental health and social support into medical management enhances QoL and adherence

EMPOWER
Extending coordination beyond the clinic — to schools and community supports — promotes holistic, long-term well-being

Abbreviations
APP: advanced practice provider
APRN: advanced practice registered nurse
EHR/EMR: electronic health/medical records
IEP: individualized education program
IF: intestinal failure
MDT: multidisciplinary team
PN: parenteral nutrition
QoL: quality of life
SBS: short bowel syndrome

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