

**PEDIATRICS: Voice**  
**Guidelines for Referral to Speech-Language Pathologists**

**Most Common Etiologies:**

***Structural:***

- Cleft palate
- Laryngitis
- Vocal nodules

***Movement:***

- Hyperfunctional hoarseness or aphonia
- Sensorineural hearing loss
- Vocal fold paralysis

**Related Terms:**

Aphonia, aspiration, breathy, diplophonia, dysphonia, hoarseness, hyperkinetic, intonation, intubation, loudness, monotone, nasality, pitch, pitch breaks, phonation breaks, resonance, silent aspiration, stridor, structural deviations, tracheostomy, velar, velopharyngeal incompetence, vocal abuse, vocal fry, vocalization, vocal quality, voice prosthesis.

**Potential Consequences:**

- With neurogenic origin, at risk for illness and/or death due to aspiration, malnutrition, or dehydration.
- With structural origin, at risk for illness and/or death due to either aspiration or obstruction of breathing.
- With etiology of vocal overuse, communication effectiveness decreases after episode of overuse or through the course of the day.
- Difficulty communicating at level of independence expected for age.
- Difficulty expressing feelings and/or engaging successfully in social situations requiring voice.
- Difficulty reading or maintaining educational or vocational potential (i.e., appropriate loudness to address class).
- At risk for personal injury due to difficulty vocalizing about a dangerous situation or calling for help.

**Behaviors that Should Trigger an SLP Referral:**

***Vocal Quality***

- Breathless and/or hoarse voice often accompanied by reduced loudness and/or intermittent loss of voice due to overuse of voice from:
  - o Frequent yelling, screaming, coughing.
  - o Cheerleading or yelling with laryngeal tension during sports.

- Vocalizing odd noises (i.e., toy, animal, mechanical sounds).
- Frequently talking over loud music or noise (i.e., arcade).
- Overuse during allergies or upper respiratory infection.
- Too little/too much nasality; may exhibit nasal regurgitation of food/liquid.
- Sounds harsh, strangled, strained, often unpleasant for the listener.
- Tremulous, jerky vocal quality of emotional origin.

### ***Loudness***

- Complete absence of voice due to congenital, traumatic, neoplastic, or emotional etiology.
- Inconsistent voicing due to:
  - Difficulty establishing or refining use of an effective, consistent communication system via:
    - Voicing to produce words, sentences, conversation.
    - Voice prosthesis
  - Overuse of voice
  - Intubation trauma
- Voice is too soft/weak secondary to:
  - Problems with vocal quality.
  - Poor respiratory support/control for speech.
  - Poor head, neck, and/or body posture for speech.
  - Immaturity/body image issues.
- Voice is excessively loud due to:
  - Boisterous behavior.
  - Hearing loss.

### ***Pitch***

- Too high or low for age, gender physical size.
- Monotone, often accompanied by reduced loudness, hearing loss, or emotional difficulty.
- Vocal inefficiencies with pitch breaks as symptom of:
  - Inappropriate postmaturational voice quality.
  - Diplophonia.

### ***Neurologically based voice difficulties, including:***

- Excessively breathy and/or hoarse vocal quality often accompanied by reduced speech intelligibility and/or swallowing problems. Weak or absent cough and/or wet gurgly vocal quality after eating indicates increased risk for aspiration.
- Tremulous, jerky vocal quality.
- Voice is too soft and/or intermittent; may exhibit poor respiratory control for speech and/or poor head, neck, and/or body posture for speech.
- Hyperkinetic condition with variable flow, rate of speech, and excessive loudness.