**Definition:** Drooling happens when saliva falls out of the mouth.

**Drooling can happen when:**

1) Extra saliva is made
2) A child has difficulties holding fluid inside the mouth
3) A child has swallowing problems

**Most children stop drooling after 18 months (when they’re done teething) but some typically developing children drool until they’re 4 years old**

**Drooling is more commonly seen in children with the following conditions:**
- cerebral palsy
- hypotonia (low muscle tone)
- seizures
- Down syndrome
- mental retardation
- stroke
- head injury
- muscular dystrophy
- large tonsils

**Children who drool are also more likely to have:**
- aspiration
- gagging
- speech problems
- congestion
- feeding difficulty
- swallowing problems

**Is Drooling Harmful?**
Drooling itself is not harmful, but it can lead to problems like

- dehydration
- skin breakdown
- infection
- social problems
- soiling of people, clothes, computers, etc.

**Ways You Can Evaluate Drooling**
1) Count the number of bibs, bandanas and/or shirts soiled each day
2) Look for skin breakdown on the chin, chapped lips, or cheeks
3) Use the Drooling Severity Scale (from the Consortium on Drooling)
   - **Mild** - drooling only into the lips
   - **Moderate** - drool reaches the chin
   - **Severe** - drool drips off chin & onto clothing
   - **Profuse** - drooling off the body and onto objects (furniture, books)
4) Use a Drooling Frequency Scale
   - 1= Never drools
   - 2.= Occasionally drools
   - 3.= Frequently drools
   - 4.= Constantly drools

(see the next page for Treatment and Resources)

[http://www.TelAbility.org](http://www.TelAbility.org)
(See the first page for an introduction to drooling and ways to evaluate it)

**Treating Drooling**

1. When deciding about what treatments to use, remember that the ultimate goal is to *reduce drooling while keeping a healthy and moist mouth*.

2. Drooling is usually best treated by a combination of the approaches listed below.

3. First, make sure that teeth and jaws are in good position to allow the mouth and lips to fully close. If they are not, speak with your dentist about ways to correct this.

4. If weak muscles are part of the reason for drooling, try exercises to strengthen the mouth, lips, and swallowing muscles (oral-motor therapy).

5. Try to keep the child’s head either upright or slightly tilted back by using verbal reminders and positioning aids.

6. If a child is forgetting to swallow their saliva or keep their mouth closed, try behavior therapy and/or biofeedback to train them.

7. Try using bibs or bandanas to cover clothing and decrease soiling.

8. Speak with your doctor about the advantages and disadvantages of using medications to decrease saliva like glycopyrrolate, scopolamine and atropine.

9. For severe cases that do not improve with the above treatments, look into surgery to reduce saliva production or reposition its entry into the mouth (usually not done until after age 6).

**Resources and References**

- [http://www.droolinginfo.org](http://www.droolinginfo.org)


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