

Dysphagia Screening

- Patient will remain NPO until swallow screen is completed.
- Swallow screen will be completed by competency validated nurse.

SWALLOW SCREEN ASSESSMENT Complete within 24 hours of admission and before anything by mouth which includes: medications, fluids and food. Complete a second screen for status change and for management once per hospital stay.	On Admission Date:	Status Change Date:
1. Is the patient fully conscious?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Can the patient be positioned upright?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Can the patient manage own saliva without drooling, coughing, or choking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Can the patient talk/speak without "wet" gurgly voice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Can the patient cough/clear throat with adequate strength?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Can the patient smile symmetrically and move the tongue normally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ask the patient to swallow while gently placing your fingers along the upper trachea.		
7. Does the larynx rise and fall a single time with each swallow?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the patient initiate swallowing within 3 seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the patient complete swallow within 2 seconds? (watch and feel)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ If "yes" responses to all of above, observe the patient for any other signs of dysphagia by presenting the patient with single sip of water from a cup. ▪ If signs of aspiration are observed, keep patient NPO and refer to speech therapy. ▪ If no cough or signs of aspiration are observed with initial sip of water from cup, continue by providing a single sip of water through a straw. <ul style="list-style-type: none"> ▪ Other signs of dysphagia may include: <ul style="list-style-type: none"> ▪ Effortful/delayed swallow ▪ Multiple swallows per bite/sip ▪ SOB after swallow ▪ Chest congestion after swallow ▪ Temperature rise after eating/drinking ▪ Pulse ox less than 92% (or baseline) ▪ Is the patient choking, coughing, clearing throat or has wet vocal quality with or without food 		
If you answered " No " to any question or if patient currently has a tracheostomy, maintain NPO and notify physician for Speech Therapy consult and/or video swallow study.		
Consult ordered: <input type="checkbox"/>	Date:	Time: