Clinical Swallowing Exam

Name:
ID/Medical record number:
Date of exam:
Referred by:
Reason for referral:
Medical diagnosis:
Date of onset of diagnosis:
Other relevant medical history/diagnoses/surgery
Medications:
Allergies:
Pain:
Primary languages spoken:
Educational history:
Occupation:
Hearing status:
Vision status:
Tracheostomy:
Mechanical ventilation:

Subjective/Patient Report:

Symptoms reported by patient (check all that apply):

__Drooling
__Coughing
__Choking
__Difficulty swallowing:
    __Solids
    __Liquids
    __Pills
__Pain on swallowing
__Food gets stuck
__Weight loss
__History of aspiration or pneumonia _____
__Other: _____

Current diet (check all that apply)

Solids: __regular; __mechanical, __mechanical soft, __chopped, __minced, __pureed; other: _____

Liquids: __thin; __nectar thick; __honey thick; __pudding thick; other: _____

NPO: Alternative nutrition method
__Nasogastric tube

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

__Gastrostomy
__Jejunostomy
__Total parenteral nutrition (TPN)

Feeding Method: __Independent in self-feeding
__Needs some assistance
__Dependent for feeding

Endurance during meals:
__Good
__Fair
__Poor
__Variable

Observations/Informal Assessment:

Mental Status (check all that apply):
__ alert
__ responsive
__ cooperative
__ confused
__ lethargic
__ impulsive
__ uncooperative
__ combative
__ unresponsive

Objective Assessment:

Oral Status
Dentition
__WNL
__Missing teeth _____
__Decay
__Dentures present
__upper
__lower

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Oral Motor, Respiration, and Phonation

Lips

WNL, mild, mod, severe impairment
Observation at rest (WNL, Edema, Erythema, Lesion): _____
Symmetry, range, speed, strength, tone:
Pucker _____
Retraction _____
Alternating pucker/retraction _____
Involuntary movement (e.g., chorea, dystonia, fasciculations, myoclonus, spasms, tremor): _____

Tongue

WNL, mild, mod, severe impairment
Observation at rest (WNL, Edema, Erythema, Lesion):
Symmetry, range, speed, strength, tone:
Protrusion _____
Retraction _____
Lateralization _____
Involuntary movement: _____

Jaw

WNL, mild, mod, severe impairment
Observation at rest: _____
Symmetry, range, strength, tone:
Opening _____
Closing _____
Lateralization _____
Protrusion _____
Retraction _____
Involuntary movement: _____

Soft palate

WNL, mild, mod, severe impairment
Observation at rest (WNL, Edema, Erythema, Lesion): _____
Symmetry, range, strength, tone: _____
Elevation _____
Sustained elevation _____
Alternating elevation/relaxation _____
Involuntary movement:

Comments:

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Voice quality

Activity	Duration	Quality	Loudness
Phonation	WNL Mildly impaired Moderately impaired Severely impaired	WNL Breathy Hoarse Harsh Strained/strangled	WNL Reduced Excessive

Respiratory Sufficiency and Coordination:

__WNL
__Mildly impaired
__Moderately impaired
__Severely impaired
Comments: _____

Food and Liquid Trials

Position during assessment: (check all that apply)
__Upright
__Slightly reclined
__Fully reclined
Comments: _____

Factors affecting performance:
__No difficulties participating in study
__Impairment or difficulty noted in mental status
__Impairment or difficulty noted in following directions
__Impairment or difficulty noted in endurance
__Other: _____

Saliva Swallows:

__WNL
__Impaired
__Xerostomia
Observations: _____

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Liquid Trials

Thin Liquids	**Nectar-thick**	**Honey-thick**	**Pudding-thick**
Administered by (Check all that apply) Cup Spoon Straw Self-feeding Feeding by examiner	**Administered by** (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner	**Administered by** (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner	**Administered by** (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner
Amounts:	**Amounts**:	**Amounts**:	**Amounts:**
Response: Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	**Response:** Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	**Response:** Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	**Response:** Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no
Strategies Attempted and Response:	**Strategies Attempted and Response:**	**Strategies Attempted and Response:**	**Strategies Attempted and Response:**
Swallowing Duration (introduction of bolus to completion of pharyngeal stage**):** ___sec.	**Swallowing Duration** ___ sec.	**Swallowing Duration** ___ sec.	**Swallowing Duration** ___ sec.

Comments _____

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Solid Food Trials

Food Item:	**Food Item:**	**Food Item:**	**Food Item:**
Administered by: Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner	Spoon/fork Self-fed Fed by examiner
Amounts:	**Amounts**:	**Amounts**:	**Amounts**:
Response: (circle all that apply) Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	**Response:** Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	**Response: (check all that apply)** Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	**Response:** (check all that apply) Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no
Strategies Attempted and Response:	**Strategies Attempted and Response:**	**Strategies Attempted and Response:**	**Strategies Attempted and Response:**
Swallowing Duration (introduction of bolus to completion of pharyngeal stage**):** ___sec.	**Swallowing Duration** ___ sec.	**Swallowing Duration** ___ sec.	**Swallowing Duration** ___ sec.

Observations: (laryngeal elevation, other)

_____

_____

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Findings

__Swallowing within normal limits
__Swallowing diagnosis:
    __dysphagia unspecified
    __oral phase dysphagia
    __oropharyngeal phase dysphagia
    __pharyngeal phase dysphagia
    __pharyngoesophageal phase dysphagia
    __other dysphagia
__Severity:
    __mild
    __mild-moderate
    __moderate
    __moderate-severe
    __severe

Characterized by: _____

Contributing Factors to Swallowing Impairment

__Reduced alertness or attention
__Difficulty following directions
__Reduced oral strength/coordination/sensation
__Mastication inefficiency
__Impaired oral-pharyngeal transport
__Impaired velopharyngeal closure/coordination
__Delayed swallow initiation
__Reduced laryngeal excursion
__Other _____

Prognosis: __Good __Fair __ Poor, based on _____

Impact on Safety and Functioning (check all that apply)

__No limitations
__Risk for aspiration: _____
__Risk for inadequate nutrition/hydration: _____

NOMS Swallowing Score (1-7) ____

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Recommendations:

Instrumental assessment: __yes __no
__Videofluoroscopic Swallowing Study
__Endoscopic Swallowing Study

Swallowing treatment: __yes __no
Frequency: Duration:

Diet Texture Recommendations:
Solids: __regular; __mechanical, __mechanical soft, __chopped, __minced, __pureed; other: _____
Liquids: __thin; __nectar thick; __honey thick; __pudding thick; other: _____
NPO with alternative nutrition method: _____
Alternative nutrition method with pleasure feedings: _____
Other: _____

Safety precautions/swallowing recommendations (check all that apply):
__Supervision needed for all meals
__1 to 1 close supervision
__1 to 1 distant supervision
__To be fed only by trained staff/family
__To be fed only by SLP
__Feed only when alert
__Reduce distractions
__Needs verbal cues to use recommended strategies
__Upright position at least 30 minutes after meals
__Small sips and bites when eating
__Slow rate; swallow between bites
__No straw
__Sips by straw only
__Multiple swallows: _____
__Alternate liquids and solids
__Sensory enhancement (flavor, texture, temperature): _____
__Other _____

Other recommended referrals:
__Dietetics
__Gastroenterology
__Neurology
__Otolaryngology
__Pulmonology
__Other _____

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Patient/Caregiver Education

__Described results of evaluation
__Patient expressed understanding of evaluation and agreement with goals and treatment plan
__Family/caregivers expressed understanding of evaluation and agreement with goals and treatment plan.
__ Patient expressed understanding of safety precautions/feeding recommendations
__ Family/caregivers expressed understanding of safety precautions/feeding recommendations
__Patient expressed understanding of evaluation but refused treatment
__ Patient requires further education
__Family/caregivers require further education

Treatment Plan

Long Term Goals

Short Term Goals

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.