

## CLINICAL BEDSIDE SWALLOWING ASSESSMENT

### A. OBSERVATIONS: Patient Status and Abilities

Is able to independently feed him/herself?	Y	N	Is able to get out of bed?	Y	N
Is able to ambulate independently?	Y	N	Is able to consume at least ½ of meal?	Y	N
Is on a mechanical ventilator? How long?:	Y	N	Is able to brush teeth/clean mouth?	Y	N
Alert	Y	N	Cooperative	Y	N
Aware of Difficulty	Y	N	Good Posture/ Positioning	Y	N

### B. REPORTS: By Patient, Family or Staff

Reports problems with liquids more than thicker foods	Y	N	Reports indigestion or burning near sternum	Y	N
Reports problems with thicker foods more than liquids	Y	N	Reports coughing or choking while eating/drinking	Y	N
Reports problems swallowing pills	Y	N	Reports runny nose after eating/ liquid reflux through nose?	Y	N
Reports feeling "lump" in throat or pain with swallow	Y	N	Reports acidity or metallic taste in mouth upon waking	Y	N
Reports wet or gurgly voice after swallowing	Y	N	Reports taking a long time to eat	Y	N
Reports increased phlegm or mucus after swallowing	Y	N	Reports throat clearing after swallowing	Y	N
Reports pocketing or finding food in mouth after swallow	Y	N	Reports dry mouth	Y	N
When do the swallowing problems occur? ( ) Frequently ( ) Infrequently ( ) Daily ( ) During eating ( ) After eating ( ) During drinking ( ) After drinking					
Do the swallowing problems occur during specific meals? ( ) Breakfast ( ) Lunch ( ) Dinner					
Do the swallowing problems occur during certain times of the day? ( ) Morning ( ) Afternoon ( ) Evening					
How long have you had this problem? ( ) Days ( ) Weeks ( ) Months ( ) Years					
Did the problem occur gradually or suddenly? ( ) Gradually ( ) Suddenly					
Are some foods easier to swallow? If so – what foods?:					
Are some foods more difficult to swallow? If so- what foods?:					

### C. NOURISHMENT INTAKE STATUS:

( ) Oral Feeding (PO)	( ) Non-Oral Feeding (NPO)	___ Thin liquids
___ Regular diet	___ PEG	___ Thickened liquids
___ Mechanical Soft	___ Nasogastric Tube	
___ Chopped	___ G-tube	
___ Finely Ground	___ IV	
___ Pureed	___ Calorie Supplements	
___ Other:	___ Other:	

**D. ORAL MOTOR EXAMINATION:**

**Structure:** Note any abnormalities: \_\_\_\_\_

Endentulous	Y	N	Dental cavities apparent	Y	N
Dentures ( ___partials, ___uppers,___lowers)	Y	N	Wears dentures when eating	Y	N
Dentures in during evaluation	Y	N	Inflammation around teeth	Y	N
Natural upper teeth	Y	N	Missing teeth	Y	N
Natural lower teeth	Y	N	Teeth are decayed/ discolored	Y	N

**Oral Mucosa**

\_\_\_moist \_\_\_dry \_\_\_phlegm \_\_\_thick mucus \_\_\_foul smell / mouth odor

**Tracheostomy Tube** \_\_\_\_\_ Y N \_\_\_Cuffed \_\_\_Uncuffed

Finger occluded PM valve Other: \_\_\_\_\_

**Throat Clearing:** strong weak absent

**Volume Control:** Ask patient to count from 1 to 5, start quietly on 1 and get louder on each number

\_\_\_Noticeable changes in loudness + / - \_\_\_Ability to control loudness + / -

**Phonation Time:** # of seconds prolonged /a/: \_\_\_\_\_

**Respiratory Status** ( )CNA

Patient can hold breath for \_\_\_ seconds

**Assessing Jaw, Lips, Tongue, Cheeks and Soft Palate :**

**Jaw** ( ) CNA

	WNL	IMP.
Opens & closes jaw (CN V)		
Ability to open mouth adequately: "Open your mouth as wide as possible" (CN V)		
Ability to lateralize the jaw: "Move your jaw to the right, then to the left" (CN V)		
Opens & closes jaw w/ mild pressure		
Ability to rapidly open and close the mouth: "Open and close your mouth as quickly as possible". WNL= 2 reps per second (CN V)		

**Labial Function** ( ) CNA

	WNL	-L	-R
Lip closure at rest (CN VII)			
Retraction: "Please smile" (CN VII)			
Lip round /u/ "Please round your lips"			
Lip smacking "Smack your lips together"			
Rapid Closure: Say "puh, puh, puh" as fast as you can. WNL: 6 reps in 3 seconds (CN VII)			
Strength: Remove tongue depressor from between closed lips (CN VII)			
Protrusion: Pucker "Pucker as if you were about to kiss someone" (CN VII)			
Rapid protrusion/ retraction (3 seconds): "Pucker and smile as fast as you can until I say stop. WNL: 2 sets of alternating movements in 3 seconds" (CN VII)			
Sensitivity (upper & lower right, upper and lower left). Touch areas of lips and note any sensitivity. (CN IX)			

**Cheeks** ( ) CNA

	WNL	-L	-R
Facial Symmetry: Observe facial symmetry at rest (CN VII)			

**Lingual Function ( ) CNA**

	WNL	-L	-R
Protrusion: "Stick out your tongue" WNL: Fully extended midline protrusion for 2 seconds (CN XII)		---	---
Lick Lips (CN XII)			
Lateralization to corners: Left & Right (CN XII)			
Lateralization to buccal cavities : Into left & right cheeks (CN XII)			
Rapid left/right lateralization: Move your tongue from corner to corner of your lips as fast as you can. WNL: at least 3 reps (CN XII)			
Ability to symmetrically puff cheeks: "Puff cheeks" (CN VII)			
Tip Depression: To floor of mouth: "Open your mouth. Put the tip of your tongue behind your bottom teeth". To lower lip: "Try to reach your chin with your tongue". (CN XII)			
Tip Elevation: To hard palate -"Open your mouth. Put the tip of your tongue to the roof of your mouth behind your teeth". To upper lip – "Try to reach your nose with your tongue". (CN XII)			
Repetitive elevation of back /kuku/ (CN XII)			
Repetitive elevation of tip /tututu/ (CN XII)			
Retraction: "Pull your tongue as far back into your mouth as you can" (CN V, XII)			

**Strength:** Asking the patient to position the tongue in the following manner.

Tip against tongue depressor (CN XII)		---	---	Left side of tongue against tongue depressor(CN XII)		---	---
Right side of tongue against tongue depressor (CN XII)		---	---	Elevated blade against tongue depressor (CN XII)		---	---
Tongue in left cheek against finger resistance (CN XII)		---	---	Tongue in right cheek against finger resistance (CN XII)		---	---

**Soft Palate ( ) CNA**

	WNL	-L	-R
Deviation from midline: Observe palate at rest (CN IX)			
Ability to raise palate: "Say, ah" - note symmetry in elevation (CN X)			
Ability to sequentially raise and lower palate: Say, "Ah, ah, ah". (CN X)			
Resonance: ____normal ____hypernasal ____hyponasal			

**E. PO TRIAL CONSIDERATIONS**

To reduce the risk of aspiration and choking, the following precautions should be observed:

- Select thin liquids and then progress to thicker liquids as tolerated for the patient who is alert and currently on an oral diet
- Select thickened liquids then progress to thinner liquids for the patient who is NPO, has poor oral skills, or decreased cognitive status
- Select blended consistencies of food such as applesauce or mashed potato consistency for the patient who is NPO, has oral or pharyngeal deficits or exhibits decreased cognitive status  
For safe swallowing, the following utensils should be selected:
- A spoon for the patient who is NPO, has poor oral or pharyngeal skills, and exhibits decreased cognitive status, so that the amount and rate at which the patient consumes food or liquid may be controlled
- A cup, straw, fork or spoon for the patient who is alert and on an oral diet  
Assess stimulability with Postural and Sensory Strategies and Swallow Maneuvers to determine if patient can compensate for difficulties

**F. PO TRIALS KEY:**

Examples of trial consistencies to take to assessment:

<u>Liquids</u>	<u>Pureed</u>	<u>Ground</u>	<u>Chopped</u>	<u>Mechanical Soft</u>	<u>Solid</u>
1 c. water	Pudding	Soft scrambled egg, mashed	Most textures prepared in	White bread, banana, pasta	1 sugar cookie
1 c. milk	¼ c. pureed fruit	banana, soft graham	small bite size pieces, ¼ c.		
Thickener		cracker, ground meat,	cooked veggies or canned		
		¼ c. ground veggies or fruit	fruit mixed w/ liquid and		
		Mixed with liquid and	prepared to this size: <input type="checkbox"/>		
		prepared to this size: <input type="checkbox"/>			

## G. PO TRIALS

After each swallow, ask the patient to count from 1 to 5 or state name to determine changes in voice quality/ wetness, etc.

+ = WNL - = Impaired

### THIN

\_\_Straw \_\_Spoon \_\_Cup

#### **Ability to Prepare and Manipulate Bolus**

- + - Labial Closure
- + - Lingual Function
- + - Oral Transit Time
- Y N Residual liquids in oral cavity

#### **Ability to Maintain Bolus**

- Y N Multiple Swallows per bolus
- Y N Liquid leaks/pushed out of mouth
- Y N Nasal Regurgitation

#### **Pharyngeal Phase**

- + - Swallow Initiation

#### **Laryngeal Characteristics**

- A D I Laryngeal Elevation  
(A= absent, D= delayed, I=incomplete)

- Y N Coughing/ Throat Clearing

#### **Other**

- Y N Wet Vocal Quality
- Y N Respiration Changes
- Y N Fatigue

### NECTAR

\_\_Straw \_\_Spoon \_\_Cup

#### **Ability to Prepare and Manipulate Bolus**

- + - Labial Closure
- + - Lingual Function
- + - Oral Transit Time
- Y N Residual liquids in oral cavity

#### **Ability to Maintain Bolus**

- Y N Multiple Swallows per bolus
- Y N Liquid leaks/pushed out of mouth
- Y N Nasal Regurgitation

#### **Pharyngeal Phase**

- + - Swallow Initiation

#### **Laryngeal Characteristics**

- A D I Laryngeal Elevation  
(A= absent, D= delayed, I=incomplete)

- Y N Coughing/ Throat Clearing

#### **Other**

- Y N Wet Vocal Quality
- Y N Respiration Changes
- Y N Fatigue

### HONEY

\_\_Straw \_\_Spoon \_\_Cup

#### **Ability to Prepare and Manipulate Bolus**

- + - Labial Closure
- + - Lingual Function
- + - Oral Transit Time
- Y N Residual liquids in oral cavity

#### **Ability to Maintain Bolus**

- Y N Multiple Swallows per bolus
- Y N Liquid leaks/pushed out of mouth
- Y N Nasal Regurgitation

#### **Pharyngeal Phase**

- + - Swallow Initiation

#### **Laryngeal Characteristics**

- A D I Laryngeal Elevation  
(A= absent, D= delayed, I=incomplete)

- Y N Coughing/ Throat Clearing

#### **Other**

- Y N Wet Vocal Quality
- Y N Respiration Changes
- Y N Fatigue

### SOLID

#### **Ability to Prepare and Manipulate Bolus**

- + - Labial Closure
- + - Bolus Formation
- + - Mastication
- Y N Struggles while chewing
- Y N Residual food on tongue
- Y N Residual food on hard palate
- Y N Residual food in buccal cavities
- + - Lingual Function
- + - Oral Transit Time

#### **Ability to Maintain Bolus**

- Y N 3+ swallows per bolus
- Y N Food leaks/pushed out of mouth
- Y N Nasal Regurgitation

#### **Pharyngeal Phase**

- + - Swallow Initiation

#### **Laryngeal Characteristics**

- A D I Laryngeal Elevation  
(A= absent, D= delayed, I=incomplete)

- Y N Coughing/ Throat Clearing

#### **Other**

- Y N Wet Vocal Quality
- Y N Respiration Changes
- Y N Fatigue

### MECHANICAL SOFT

#### **Ability to Prepare and Manipulate Bolus**

- + - Labial Closure
- + - Bolus Formation
- + - Mastication
- Y N Struggles while chewing
- Y N Residual food on tongue
- Y N Residual food on hard palate
- Y N Residual food in buccal cavities
- + - Lingual Function
- + - Oral Transit Time

#### **Ability to Maintain Bolus**

- Y N 3+ swallows per bolus
- Y N Food leaks/pushed out of mouth
- Y N Nasal Regurgitation

#### **Pharyngeal Phase**

- + - Swallow Initiation

#### **Laryngeal Characteristics**

- A D I Laryngeal Elevation  
(A= absent, D= delayed, I=incomplete)

- Y N Coughing/ Throat Clearing

#### **Other**

- Y N Wet Vocal Quality
- Y N Respiration Changes
- Y N Fatigue

### PUREED

#### **Ability to Prepare and Manipulate Bolus**

- + - Labial Closure
- + - Bolus Formation
- + - Mastication
- Y N Struggles while chewing
- Y N Residual food on tongue
- Y N Residual food on hard palate
- Y N Residual food in buccal cavities
- + - Lingual Function
- + - Oral Transit Time

#### **Ability to Maintain Bolus**

- Y N 3+ swallows per bolus
- Y N Food leaks/pushed out of mouth
- Y N Nasal Regurgitation

#### **Pharyngeal Phase**

- + - Swallow Initiation

#### **Laryngeal Characteristics**

- A D I Laryngeal Elevation  
(A= absent, D= delayed, I=incomplete)

- Y N Coughing/ Throat Clearing

#### **Other**

- Y N Wet Vocal Quality
- Y N Respiration Changes
- Y N Fatigue

### Three Ounce Water Test

- Debra M. Suiter and Steven B. Leder (2008)
- Individuals are required to drink 3 oz of water without interruption
  - Those who stop, cough, choke or show a wet-hoarse vocal quality during the test or for 1 min after are considered to have fail.
  - If fail 3 oz water, move to instrumental assessment

**3 Ounce Water Test: Pass \_\_\_\_\_ Fail \_\_\_\_\_**

## INDICATORS OF DYSPHAGIA:

L= liquid S=solid

- |   |  |
|---|--|
| <input type="checkbox"/> L S ↓ Cheek tone                     | <input type="checkbox"/> L S ↓ Tongue base retraction  |
| <input type="checkbox"/> L S ↓ Lip closure                    | <input type="checkbox"/> L S Delayed swallow trigger   |
| <input type="checkbox"/> L S ↓ Mastication                    | <input type="checkbox"/> L S Premature spillage        |
| <input type="checkbox"/> L S Pocketing/ Holding               | <input type="checkbox"/> L S Oral/ nasal regurgitation |
| <input type="checkbox"/> L S Piecemeal deglutition            | <input type="checkbox"/> L S ↓ Laryngeal Elevation     |
| <input type="checkbox"/> L S ↓ Lingual coordination/ movement | <input type="checkbox"/> L S ↓ Hyolaryngeal excursion  |
| <input type="checkbox"/> L S ↓ AP transit                     |  |
| <input type="checkbox"/> L S Oral Residue                     |  |
- 
- |   |   |
|---|---|
| <input type="checkbox"/> Pain or burning sensation                      | <input type="checkbox"/> Recurring chest congestion after meals   |
| <input type="checkbox"/> Early satiety                                  | <input type="checkbox"/> Weight loss  |
| <input type="checkbox"/> Coughing during or right after eating/drinking | <input type="checkbox"/> Dehydration  |
| <input type="checkbox"/> Wet or gurgly voice after eating/drinking      | <input type="checkbox"/> Drooling   |
| <input type="checkbox"/> Extra effort or time needed to chew or swallow | <input type="checkbox"/> Pocketing food   |
| <input type="checkbox"/> Food or liquid leaking from mouth              | <input type="checkbox"/> Reflux/ backflow (coughing at night, bad taste in mouth shortly after eating and burning in chest/pharynx) |
| <input type="checkbox"/> Food or liquid becoming stuck in mouth         | <input type="checkbox"/> Difficulty with bolus management   |
| <input type="checkbox"/> Recurring pneumonia                            | <input type="checkbox"/> Difficulty chewing food  |
| <input type="checkbox"/> Hx increased respiratory infections            | <input type="checkbox"/> Spiking high grade temp. or constantly running low grade temp.   |
| <input type="checkbox"/> Throat clearing during meals                   | <input type="checkbox"/> Pain during swallow  |
| <input type="checkbox"/> Nasal leakage while eating                     | <input type="checkbox"/> Repetitive swallows  |
| <input type="checkbox"/> Tongue thrust or tongue pumping                | <input type="checkbox"/> Slurred speech / dysarthria  |
| <input type="checkbox"/> Taking longer than 2-10 secs to swallow        | <input type="checkbox"/> Weakness   |
| <input type="checkbox"/> Facial grimaces or discomfort at meals         | <input type="checkbox"/> Impulsive eating behaviors   |
| <input type="checkbox"/> Hoarse or recurrent sore throat                | <input type="checkbox"/> Mealtime resistance  |

## PREDICTORS OF ASPIRATION:

- \_\_\_ Reclining/Lying
- \_\_\_ Dysphonia/ Aphonia
- \_\_\_ Reduced / Absent Laryngeal elevation
- \_\_\_ Wet spontaneous cough
- \_\_\_ Abnormal palatal gag
- \_\_\_ Secretion Mismanagement

## PREDICTORS OF ASPIRATION PNEUMONIA:

- \_\_\_ Dependent for feedings
- \_\_\_ Dependent for oral care
- \_\_\_ Number of decayed teeth
- \_\_\_ Tube feeding (all types)
- \_\_\_ Multiple medical diagnoses
- \_\_\_ Smoking now
- \_\_\_ Number of medications (>10)

## FUNCTIONAL RESULTS OF IMPAIRMENT:

- \_\_\_ Unable to maintain nutritional needs orally
- \_\_\_ Unable to safely swallow P.O. intake without training and/or diet texture changes
- \_\_\_ Unable to return to previous diet texture/ level of independent without training and intervention
- \_\_\_ High risk for aspiration and resulting complications
- \_\_\_ Decreased efficiency and safety of P.O. intake requiring intervention to maximize safety
- \_\_\_ Unable to return to less supervised/unsupervised environment secondary to decreased safety with P.O. intake
- \_\_\_ Other: \_\_\_\_\_

## **IMPORTANT FEEDING RECOMMENDATIONS**

**CLIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **ROOM #:** \_\_\_\_\_  
\_\_\_\_ Eat with Supervision      \_\_\_\_ Eat Independently      \_\_\_\_ Eat with Assistance

### **LIQUID RECOMMENDATIONS:**

- \_\_\_\_ Thin liquids
- \_\_\_\_ Thick liquids [ \_\_\_\_ nectar thick    \_\_\_\_ honey thick    \_\_\_\_ pudding thick]
- \_\_\_\_ **NO** liquids by mouth
- \_\_\_\_ Trial therapeutic feedings by **SLP ONLY** of \_\_\_\_\_ consistency, continue upgrading as appropriate

### **DIET RECOMMENDATIONS:**

- \_\_\_\_ Regular                      \_\_\_\_ Mechanical Soft                      \_\_\_\_ Ground                      \_\_\_\_ Puree
- \_\_\_\_ NPO – see below
- \_\_\_\_ Re-eval pending instrumental exam
- \_\_\_\_ Supplemental tube feedings
- \_\_\_\_ Trial therapeutic feedings by **SLP ONLY** of \_\_\_\_\_ consistency, continue upgrading as appropriate

### **NPO RECOMMENDATIONS:**

- \_\_\_\_ NPO --- Consider alternative feeding --- Trial therapeutic feedings by **SLP only**
- \_\_\_\_ NPO --- Consider alternative feeding --- No trial therapeutic feedings by SLP indicated
- \_\_\_\_ NPO until instrumental exam
- \_\_\_\_ Tube feedings will be held at least 2 hours before each meal
- \_\_\_\_ Trial therapeutic feedings by **SLP ONLY** of \_\_\_\_\_ consistency solids/ \_\_\_\_\_ consistency liquids

### **FEEDING TECHNIQUES:**

- \_\_\_\_ Encourage small bites                      \_\_\_\_ Swallow x \_\_\_\_ after each bite                      \_\_\_\_ Positioning
- \_\_\_\_ Reduced rate of eating                      \_\_\_\_ Check for pocketing (lingual search)
- \_\_\_\_ Alternate liquids with solids                      \_\_\_\_ Cough/clear throat if vocal quality becomes gurgly

### **LIQUID TECHNIQUES:**

- \_\_\_\_ Thicken liquids                      \_\_\_\_ Small sips (1 teaspoon)                      \_\_\_\_ Straw with controlled pinch
- \_\_\_\_ Can use straw/cup                      \_\_\_\_ Swallow x \_\_\_\_ after each sip
- \_\_\_\_ From spoon only                      \_\_\_\_ Can drink several sips before taking glass away from lips

### **POSITIONING:**

- \_\_\_\_ Chin down: right / left / center                      \_\_\_\_ Turn head: right / left                      \_\_\_\_ Tilt head: right / left

### **VERBAL DIRECTIONS / NEEDS TO REMEMBER:**

- \_\_\_\_ Concentrate on each swallow                      \_\_\_\_ Check mouth for "pocketing" of food
- \_\_\_\_ Chew each bite thoroughly                      \_\_\_\_ Swallow \_\_\_\_\_ times each bite
- \_\_\_\_ Pause between bites/sips                      \_\_\_\_ Place food right/left side/back of mouth
- \_\_\_\_ Clear mouth completely prior to next bite                      \_\_\_\_ Take small bites/sips
- \_\_\_\_ Refrain from talking while chewing

### **POST-FEEDING NEEDS:**

- \_\_\_\_ Clear oral cavity                      \_\_\_\_ Oral hygiene                      \_\_\_\_ Other:
- \_\_\_\_ Remain in upright position for 30 minutes after meal is completed

### **RECOMMENDATIONS FOR MEDICATIONS:**

- \_\_\_\_ Whole                      \_\_\_\_ Crushed                      \_\_\_\_ Liquid Form
- \_\_\_\_ NO pills by mouth                      \_\_\_\_ NO water                      \_\_\_\_ NO liquid medications
- \_\_\_\_ Provide through feeding tube

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**Therapist Signature/ Credentials**

**Date**

**Please initial the appropriate area and sign below:**

**In Agreement:**

\_\_\_ I understand and have been trained as needed regarding the above mentioned diet recommendations/ swallowing strategies. I understand that not following these recommendations may place the resident at risk for complications including but not limited to, pneumonia, malnutrition, and dehydration.

\_\_\_ Additionally, I agree to follow these recommendations while \_\_\_\_\_ is a resident at this facility.

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

**Not in Agreement:**

\_\_\_ I understand and have been trained as needed regarding the above mentioned diet recommendations/ swallowing strategies. I understand that not following these recommendations may place the resident at risk for complications including, but not limited to, pneumonia, malnutrition, and dehydration.

\_\_\_ At this time I do not agree to follow the above mentioned diet recommendations /swallow strategies while \_\_\_\_\_ is a resident at this facility.

Explanation for disagreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client