### A. OBSERVATIONS: Patient Status and Abilities

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to independently feed him/herself?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Is able to ambulate independently?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Is on a mechanical ventilator? How long?:</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Alert</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Aware of Difficulty</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Report</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports problems with liquids more than thicker foods</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reports problems with thicker foods more than liquids</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reports problems swallowing pills</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reports feeling “lump” in throat or pain with swallow</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reports wet or gurgly voice after swallowing</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reports increased phlegm or mucus after swallowing</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Reports pocketing or finding food in mouth after swallow</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

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)
- ___ Regular diet
- ___ Mechanical Soft
- ___ Chopped
- ___ Finely Ground
- ___ Pureed
- ___ Other:
- ___ PEG
- ___ Nasogastric Tube
- ___ G-tube
- ___ IV
- ___ Calorie Supplements
- ___ 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 sensitivitiy. (CN IX)

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

<table>
<thead>
<tr>
<th>Function</th>
<th>WNL</th>
<th>-L</th>
<th>-R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protrusion: “Stick out your tongue” WNL: Fully extended midline protrusion for 2 seconds (CN XII)</td>
<td></td>
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<tr>
<td>Lick Lips (CN XII)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateralization to corners: Left &amp; Right (CN XII)</td>
<td></td>
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</tr>
<tr>
<td>Lateralization to buccal cavities: Into left &amp; right cheeks (CN XII)</td>
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<td></td>
</tr>
<tr>
<td>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)</td>
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<tr>
<td>Ability to symmetrically puff cheeks: “Puff cheeks” (CN VII)</td>
<td></td>
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<tr>
<td>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)</td>
<td></td>
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</tr>
<tr>
<td>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)</td>
<td></td>
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<tr>
<td>Repetitive elevation of back /kuku/ (CN XII)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive elevation of tip /tututu/ (CN XII)</td>
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<tr>
<td>Retraction: “Pull your tongue as far back into your mouth as you can” (CN V, XII)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>WNL</th>
<th>-L</th>
<th>-R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tip against tongue depressor (CN XII)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right side of tongue against tongue depressor (CN XII)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tongue in left cheek against finger resistance (CN XII)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Soft Palate (  ) CNA

<table>
<thead>
<tr>
<th>Parameter</th>
<th>WNL</th>
<th>-L</th>
<th>-R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviation from midline: Observe palate at rest (CN IX)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to raise palate: “Say, ah” - note symmetry in elevation (CN X)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to sequentially raise and lower palate: Say, “Ah, ah, ah” (CN X)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resonance: normal, hypernasal, hyponasal</td>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Liquids</th>
<th>Pureed</th>
<th>Ground</th>
<th>Chopped</th>
<th>Mechanical Soft</th>
<th>Solid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 c. water</td>
<td>Pudding</td>
<td>Soft scrambled egg, mashed banana, soft graham cracker, ground meat, ⅔ c. ground veggies or fruit Mixed with liquid and prepared to this size:</td>
<td>Most textures prepared in small bite size pieces, ⅔ c. cooked veggies or canned fruit mixed w/ liquid and prepared to this size:</td>
<td>White bread, banana, pasta</td>
<td>1 sugar cookie</td>
</tr>
<tr>
<td>1 c. milk</td>
<td>⅔ c. pureed fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>THIN</th>
<th>NECTAR</th>
<th>HONEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Straw    __Spoon    __Cup</td>
<td>__Straw    __Spoon    __Cup</td>
<td>__Straw    __Spoon    __Cup</td>
</tr>
</tbody>
</table>

### Ability to Prepare and Manipulate Bolus

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

### Ability to Maintain Bolus

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

### Pharyngeal Phase

- Swallow Initiation

### Laryngeal Characteristics

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

### Other

- Wet Vocal Quality
- Respiration Changes
- Fatigue

### SOLID

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

### Ability to Maintain Bolus

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

### Pharyngeal Phase

- Swallow Initiation

### Laryngeal Characteristics

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

### Other

- Wet Vocal Quality
- Respiration Changes
- Fatigue

### MECHANICAL SOFT

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

### Ability to Maintain Bolus

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

### Pharyngeal Phase

- Swallow Initiation

### Laryngeal Characteristics

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

### Other

- Wet Vocal Quality
- Respiration Changes
- Fatigue

### PUREED

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

### Ability to Maintain Bolus

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

### Pharyngeal Phase

- Swallow Initiation

### Laryngeal Characteristics

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

### Other

- Wet Vocal Quality
- Respiration Changes
- 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

- L S ▼ Cheek tone
- L S ▼ Lip closure
- L S ▼ Mastication
- L S ▼ Pocketing/ Holding
- L S ▼ Piecemeal deglutition
- L S ▼ Lingual coordination/ movement
- L S ▼ AP transit
- L S ▼ Oral Residue

- tonguent base retraction
- L S ▼ Delayed swallow trigger
- L S ▼ Premature spillage
- L S ▼ Oral/ nasal regurgitation
- L S ▼ Laryngeal Elevation
- L S ▼ Hyolaryngeal excursion

- Pain or burning sensation
- Early satiety
- Coughing during or right after eating/drinking
- Wet or gurgle voice after eating/drinking
- Extra effort or time needed to chew or swallow
- Food or liquid leaking from mouth

- Food or liquid becoming stuck in mouth
- Recurring pneumonia
- Hx increased respiratory infections

- Throat clearing during meals
- Nasal leakage while eating
- Tongue thrust or tongue pumping
- Taking longer than 2-10 secs to swallow
- Facial grimaces or discomfort at meals
- Hoarse or recurrent sore throat

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: ________________________________

PREDICTORS OF ASPIRATION:

- Recurring chest congestion after meals
- Weight loss
- Dehydration
- Drooling
- Pocketing food
- Reflux/ backflow (coughing at night, bad taste in mouth shortly after eating and burning in chest/pharynx
- Difficulty with bolus management
- Difficulty chewing food
- Spiking high grade temp. or constantly running low grade temp.
- Pain during swallow
- Repetitive swallows
- Slurred speech / dysarthria
- Weakness
- Impulsive eating behaviors
- Mealtime resistance

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

______________________________________________________________________________________

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