**CLINICAL BEDSIDE SWALLOWING ASSESSMENT**

Patient: ___________________________ Date: ____________

Note: Complete Cognitive and Communication portions of Speech Screening. Specifically note abilities to follow 1-3 step directions, answer yes/no questions, sustain attention, recall from short-term memory and note speech production.

### A. OBSERVATIONS: Patient Status and Abilities

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to independently feed him/herself?</td>
<td></td>
<td></td>
<td>Is able to get out of bed?</td>
<td></td>
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<tr>
<td>Is able to ambulate independently?</td>
<td></td>
<td></td>
<td>Is able to consume at least ½ of meal?</td>
<td></td>
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<tr>
<td>Is on a mechanical ventilator? How long?</td>
<td></td>
<td></td>
<td>Is able to brush teeth/clean mouth himself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alert</td>
<td></td>
<td></td>
<td>Lethargic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperative</td>
<td></td>
<td></td>
<td>Uncooperative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of Difficulty</td>
<td></td>
<td></td>
<td>Unaware of difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor Posture/ Positioning</td>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports problems with liquids more than thicker foods</td>
<td></td>
<td></td>
<td>Reports indigestion or burning near sternum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports problems with thicker foods more than liquids</td>
<td></td>
<td></td>
<td>Reports coughing or choking while eating/drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports problems swallowing pills</td>
<td></td>
<td></td>
<td>Reports runny nose after eating/ liquid reflux through nose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports feeling “lump” in throat or pain with swallow</td>
<td></td>
<td></td>
<td>Reports acidy or metallic taste in mouth upon waking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports wet or gugly voice after swallowing</td>
<td></td>
<td></td>
<td>Reports taking a long time to eat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports increased phlegm or mucus after swallowing</td>
<td></td>
<td></td>
<td>Reports throat clearing after swallowing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports pocketing or finding food in mouth after swallow</td>
<td></td>
<td></td>
<td>Reports dry mouth</td>
<td></td>
<td></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? List here:

Are some foods more difficult to swallow? If so- what foods? List here:
NOURISHMENT INTAKE STATUS:
( ) Oral Feeding (PO)  ( ) Non-Oral Feeding (NPO)
( ) Regular diet      ( ) PEG
( ) Thin liquids      ( ) Nasogastric Tube
( ) Thickened liquids ( ) IV
( ) Pureed            ( ) Other:______________________________
( ) Mechanical Soft   ( ) Thin liquids
( ) Finely Ground     ( ) Calorie Supplements
( ) Chopped
( ) Solids

C. DYSPHAGIA ASSESSMENT:

Oral-Motor Evaluation ( ) CNA
1. Structure: Note any abnormalities:________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endentulous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental cavities apparent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures ( ____partials, ___uppers, ___ lowers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wears dentures when eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures in during evaluation</td>
<td></td>
<td></td>
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<tr>
<td>Inflammation around teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural upper teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural lower teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teeth are decayed/ discolored</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Awareness/Control of Secretions: ___drooling ___excess secretions in mouth ___wet breath sounds

3. Assessing Jaw, Lips, Tongue and Cheeks

Jaw ( ) CNA

<table>
<thead>
<tr>
<th></th>
<th>WNL</th>
<th>-L</th>
<th>-R</th>
<th>WNL</th>
<th>-L</th>
<th>-R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opens &amp; closes jaw</td>
<td></td>
<td></td>
<td></td>
<td>Opens &amp; closes jaw w/ mild pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to open mouth adequately: “Open your mouth as wide as possible”</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ability to rapidly open and close the mouth: “Open and close your mouth as quickly as possible”. WNL: 2 reps per second</td>
<td></td>
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<tr>
<td>Ability to lateralize the jaw: “Move your jaw to the right, then to the left”</td>
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</tbody>
</table>

Labial Function ( ) CNA

<table>
<thead>
<tr>
<th></th>
<th>WNL</th>
<th>-L</th>
<th>-R</th>
<th>WNL</th>
<th>-L</th>
<th>-R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip closure at rest</td>
<td></td>
<td></td>
<td></td>
<td>Holds air in cheeks: “Puff out cheeks”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retractive: Smile “Please smile”</td>
<td></td>
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<tr>
<td>Protrusion: Pucker “Pucker as if you were about to kiss someone”</td>
<td></td>
<td></td>
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<tr>
<td>Lip round /u/ “Please round your lips”</td>
<td></td>
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<tr>
<td>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”</td>
<td></td>
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<td></td>
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<tr>
<td>Lip smacking “Smack your lips together”</td>
<td></td>
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<tr>
<td>Rapid Closure: Say “puh, puh, puh” as fast as you can. WNL: 6 reps in 3 seconds</td>
<td></td>
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<tr>
<td>Strength: Remove tongue depressor from between closed lips</td>
<td></td>
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<tr>
<td>Sensitivity (upper &amp; lower right, upper and lower left). Touch areas of lips and note any sensitivity.</td>
<td></td>
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</tbody>
</table>
## Lingual Function

**Protrusion:** “Stick out your tongue”  
WNL: Fully extended midline protrusion for 2 seconds

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”.

**Lick Lips**

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”.

**Lateralization to corners:**  
Left & Right  
Repetitive elevation of back /kuku/

**Lateralization to buccal cavities:**  
Left & Right  
Repetitive elevation of tip /tututu/

**Rapid left/right lateralization:** Move your tongue from corner to corner of your lips as fast as you can.  
WNL: at least 3 reps

Retraction: “Pull your tongue as far back into your mouth as you can”

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

| Tip against tongue depressor | --- | --- | Left side of tongue against tongue depressor | --- | --- |
| Right side of tongue against tongue depressor | --- | --- | Elevated blade against tongue depressor | --- | --- |
| Tongue in left cheek against finger resistance | --- | --- | Tongue in right cheek against finger resistance | --- | --- |

**Tough Sensitivity:** Ask the patient to close his eyes. Tell patient: “I’m going to touch your tongue in different spots with this swab (or tongue depressor). Let me know if you can feel the touch.”  
With a cotton-tipped swab or tongue depressor, touch the following locations and record patient response.

| Location | --- | --- | Right Location | --- | --- |
| Left Anterior Third | --- | --- | Right Anterior Third | --- | --- |
| Left Middle Third | --- | --- | Right Middle Third | --- | --- |
| Left Posterior Third | --- | --- | Right Posterior Third | --- | --- |

(- = deviation/ decreased)

### 4. Soft Palate

**Deviation from midline:** Observe palate at rest

**Ability to raise palate:** “Say, ah” - note symmetry in elevation

**Ability to sequentially raise and lower palate:** Say, “Ah, ah, ah”.

**Touch Sensitivity:** Palatal Gag Reflex: Touch soft palate with a tongue depressor  
Diminished Hypersensitive

**Resonance:** ____normal ____hypernasal ____hyponasal

### 5. Cheeks

**Facial Symmetry:** Observe facial symmetry at rest  
Ability to symmetrically puff cheeks: “Puff out your cheeks”
6. Oral Mucosa

_____moist  _____dry  _____phlegm  _____thick mucus  _____foul smell / mouth odor

Laryngeal Examination  ( )CNA

Tracheostomy Tube  __________ Y  N  _____Cuffed  _____Uncuffed
Finger occluded  PM valve  Other:____________________________

Vocal Quality:  normal  hoarse  breathy  wet/gurgly
Volitional Cough:  strong  weak  absent
Throat Clearing:  strong  weak  absent
Volume Control:  ____Noticeable changes in loudness  + / -  ____Ability to control loudness  + / -

Phonation Time:  # of seconds prolonged /a/:__________

Respiratory Status  ( )CNA
Patient can hold breath for _____ seconds

Predictors of Aspiration

___Reclining/Lying  ___Dysphonia/ Aphonla  ___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)

PO TRIALS:
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 compensatory strategies to determine if patient can compensate for difficulties
### Respiration Changes

A = absent, D = delayed, I = incomplete

#### Laryngeal characteristics

Oropharyngeal phase

- Ability to maintain bolus

<table>
<thead>
<tr>
<th>Texture</th>
<th>Thin Liquid</th>
<th>Thick Liquid</th>
<th>Thick Liquid</th>
<th>Pureed</th>
<th>Ground or Chopped</th>
<th>Mech.</th>
<th>Solid/Regular</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

#### Ability to prepare & manipulate bolus

- Labial closure
- Mastication
- Struggle while chewing?
- Able to form bolus
- Residual food on tongue
- Residual food on hard palate
- Residual food in buccal cavities
- Lingual function
- Oral transit time

#### Ability to maintain bolus

- Back of tongue control
- Labial closure
- Cheeks
- Food leaks/pushed out of mouth
- Clears oral cavity in one swallow

#### Number of swallows per bolus

- Oropharyngeal phase
  - Swallow initiation N=WNL D=Delayed
  - Nasal regurgitation
  - Laryngeal characteristics
    - Vocal quality
    - Coughing/throat clearing
    - Laryngeal elevation

#### Other

- Respiration Changes
- Fatigue

#### Key:

- + skill is adequate
- / skill is inadequate
- N/A not applicable for that texture

#### Compensatory Techniques:

- Postural Strategies: CD Chin Tuck  HR Head Rotation (L/R)  CU Chin Up
- Swallow Maneuvers: SS Supraglottic Swallow  SSS Super-supraglottic Swallow  ES Effortful Swallow  MS Mendelsohn Maneuver
- Sensory Strategies: SB Sour Bolus  SWB Sweet Bolus  CB Carbonated Bolus
- Other Strategies: BS Bolus Size  EP External Pressure

### NOTES

- Pt coughs before swallowing when food/liquid is inside the mouth
- Pt c/o pain in throat area or food/liquid getting stuck in throat

### Summary of S/S of Dysphagia Observed

- Pt has food or liquid falling outside of mouth
- Pt has food/liquid residue in oral cavity after swallowing
- Pt has food/liquid that gets stuck inside of cheek
- Pt has wet/gurgle voice quality after swallowing
- Pt coughs while eating/drinking
- Pt clears throat after drinking liquids/eating foods
- Pt clears throat after eating food or drinking liquids
- Pt struggles to swallow
- Pt makes an effortful face while swallowing food or liquid
- Pt has a lot of phlegm and congestion after eating food or drinking
- Pt has food/liquid residue in oral cavity after swallowing
- Pt clears oral cavity in one swallow

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<table>
<thead>
<tr>
<th>TEXT</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laryngeal elevation</td>
<td>A= absent, D= delayed, I=incomplete</td>
</tr>
<tr>
<td>Vocal quality</td>
<td>W= wet</td>
</tr>
<tr>
<td>Coughing/throat clearing</td>
<td></td>
</tr>
<tr>
<td>Swallow initiation</td>
<td>N=WNL D=Delayed</td>
</tr>
<tr>
<td>Nasal regurgitation</td>
<td></td>
</tr>
<tr>
<td>Swallow Maneuvers</td>
<td>SS Supraglottic Swallow  SSS Super-supraglottic Swallow  ES Effortful Swallow  MS Mendelsohn Maneuver</td>
</tr>
<tr>
<td>Sensory Strategies</td>
<td>SB Sour Bolus  SWB Sweet Bolus  CB Carbonated Bolus</td>
</tr>
<tr>
<td>Other Strategies</td>
<td>BS Bolus Size  EP External Pressure</td>
</tr>
</tbody>
</table>
### General Treatment Procedures/Strategies

- **Cheek Push**
- **Mouth Rinse**
- **Strong Hold Food**
- **Multiple Swallows**
- **Alternating Solids & Liquids**
- **Empty Mouth**

### Oral Preparatory Phase

**Increasing Oral Sensitivity**
- **Cold/Warm Lip Rub**
- **Iced Cheek Technique**
- **Washcloth Rub**
- **Cold Inner Cheek Rub**
- **Tongue Brush Rub**
- **Back Tongue Rubble**

**Lip Exercise**
- **Lateral Tongue Push Exercise**
- **Tongue Tip Push Exercise**
- **Side to Side Tongue Wag**
- **Lip Squeeze Exercise**
- **Close/Open Lip Exercise**
- **Soft-cheek Press**
- **Soft Lip Press**
- **Cold Inner Cheek Rub**
- **Tongue Tip Sound Production**

**Strengthening the cheeks**
- **Cheek Puff Exercise**
- **“Oh” Lips Exercise**
- **Side Pucker Exercise**
- **Head Toll Exercise**

**Chewing Gum/Licorice Exercise**
- **Effortful Swallow Exercise**
- **Supraglottic Swallow Exercise**
- **Mendelson Maneuver**
- **Chin Tuck Strategy**
- **Reduced Bolus Size**
- **Effortful Swallow Strategy**
- **Super-Supraglottic Swallow Strategy**
- **Tongue Anchor Exercise/ Masako Maneuver**

### Recommendations for Active Therapy

**PO Diet Recommendations**
- **Liquids:**
  - Thin
  - Honey thick
  - Pudding thick
- **Solids:**
  - Pureed
  - Mechanical Soft
  - Finely Ground
  - Regular

**NPO**

**Oral Dysphagia**

**Increasing Oral Sensitivity**
- **Large Bolus Strategy**
- **Textured Bolus Strategy**
- **Sour Bolus Strategy**
- **Cold Bolus Strategy**
- **Spoon Press Strategy**
- **Thermal-tactile Stimulation**

**Improving Anterior to Posterior Movement of Bolus**
- **Tongue Squeeze Exercise**
- **Swab Swipe Exercise**
- **Middle Tongue Pop**
- **Posterior Food Position Strategy**
- **Dump & Swallow**
- **Midline Food Position Strategy**
- **Dump & Swallow w/ Supraglottic Swallow Strategy**
- **Food Hold Strategy**

**Improving Tongue Base Control**
- **Back Tongue Push-Up**
- **/k/ Tongue Production Exercise**
- **Out/In Tongue Exercise**
- **Modified Tongue Tip Sweep**
- **Big Yawn Exercise**
- **Dry Gargle Exercise**
- **Mendelson Maneuver**
- **Chin Tuck Strategy**
- **Reduced Bolus Size**
- **Effortful Swallow Strategy**
- **Super-Supraglottic Swallow Strategy**
- **Tongue Anchor Exercise/ Masako Maneuver**

**Pharyngeal Phase**

**Improving Initiation of Pharyngeal Phase**
- **Chin Down Strategy**
- **Thermal-Tactile Stimulation**
- **Suck Swallow Strategy**
- **Textured Bolus Strategy**
- **Sour Bolus Strategy**
- **Cold Bolus Strategy**
- **Small Bolus Strategy**

**Reducing Residue in the Vallucelae**
- **Effortful Swallow Exercise**
- **Mendelson Maneuver**
- **Modified Tongue Anchor Exercise**
- **Big Yawn Exercise**
- **Supraglottic Swallow Exercise**
- **Lying Down on Side**
- **/k/ Tongue Production Exercise**
- **Dry Gargle Exercise**

**Reducing Residue in the Pharynx**
- **Tongue Anchor Exercise**
- **Lying Down on Side Exercise**
- **Head Turn Exercise**
- **Head Tilt Strategy**

**Increasing Laryngeal Closure**
- **Pulling Exercise**
- **Valsaiva Maneuver Exercise**
- **Super-Supraglottic Swallow**
- **Chin Down Exercise**
- **Head Turn Exercise**
- **Head Turn with Chin Down**

**Increasing Laryngeal Elevation**
- **Falsetto/Pitch Exercise**
- **Mendelsohn Maneuver**
- **Super-Supraglottic Swallow**
- **Supraglottic Swallow Exercise**

**Presentation of Medications**
- **Whole:** pills/tablets whole followed by liquids/applesauce
- **Crushed:** pills/tablets crushed and mixed with applesauce
- **No liquid medication**
  - **Hold tube feedings _____________ prior to oral feedings**
## IMPORTANT FEEDING RECOMMENDATIONS

### CLIENT’S NAME: ______________________________  DATE: ___________________  ROOM #:________

- Eat with Supervision
- Eat Independently

### TABLESIDE OBSERVATIONS:

<table>
<thead>
<tr>
<th>Observation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coughing/ choking on liquids</td>
<td>Poor self feeding, drinking</td>
</tr>
<tr>
<td>Coughing/ choking on foods</td>
<td>or cutting/ utensils skills due</td>
</tr>
<tr>
<td>Pocketing of food Right/Left</td>
<td>to impaired motor skills</td>
</tr>
<tr>
<td>Unable to form bolus Right/Left</td>
<td>Multiple swallows</td>
</tr>
<tr>
<td>Avoids certain foods</td>
<td>Poor vocal quality after swallow</td>
</tr>
<tr>
<td>Other</td>
<td>Reduced speed of swallow</td>
</tr>
</tbody>
</table>

### MAY NEED HELP WITH:

- Tray Setup
- Thickening liquids
- Placing mirror
- Cutting food

### RECOMMENDED DIET:

<table>
<thead>
<tr>
<th>Diet Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular/ Solids</td>
<td>Thick liquids</td>
</tr>
<tr>
<td>Mechanical Soft</td>
<td>Thin liquids</td>
</tr>
<tr>
<td>Ground</td>
<td>No liquids by mouth</td>
</tr>
<tr>
<td>Pureed</td>
<td></td>
</tr>
</tbody>
</table>

### FEEDING TECHNIQUES:

<table>
<thead>
<tr>
<th>Technique</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage small bites</td>
<td>Check for pocketing (lingual search)</td>
</tr>
<tr>
<td>Reduced rate of eating</td>
<td>Swallow times after each bite or sip</td>
</tr>
<tr>
<td>Keep chin down while swallowing</td>
<td>Alternate liquids with solids</td>
</tr>
<tr>
<td>Turn head to Right / Left</td>
<td>Adaptive feeding equipment needs i.e.,</td>
</tr>
<tr>
<td>Tilt head to Right / Left</td>
<td></td>
</tr>
<tr>
<td>Add Tick-it to liquids</td>
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</tr>
</tbody>
</table>

### TRAY SETUP

- Place mirror right/left
- Remove straw
- Place dishes right/left
- Check that food is consistent with diet order
- Cut food into small pieces
- Complete calorie count
- Thicken liquids to consistency of nectar/stiff milk shake/ pudding
- Other |

### VERBAL DIRECTIONS (if supervised) / NEEDS TO REMEMBER (if eating independently):

- Concentrate on each swallow
- Take small bites/sips
- Pause between bites/sips
- Place food right/left side/back of mouth
- Refrain from talking while chewing/swallowing
- Other |

### POSITIONING

- Seat at approximately a 90º angle
- Chin tuck
- Other |

### NURSING- ADMINISTRATION OF MEDICATION:

- Crush in pudding/sherbet/ice cream or
- Place right/left side/back of mouth
- No water
- Turn head right/left
- Provide through feeding tube
- NO PILLS by mouth