

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

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:

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Voice quality

Activity	Duration	Quality	Loudness
Phonation	<input type="checkbox"/> WNL <input type="checkbox"/> Mildly impaired <input type="checkbox"/> Moderately impaired <input type="checkbox"/> Severely impaired	<input type="checkbox"/> WNL <input type="checkbox"/> Breathy <input type="checkbox"/> Hoarse <input type="checkbox"/> Harsh <input type="checkbox"/> Strained/strangled	<input type="checkbox"/> WNL <input type="checkbox"/> Reduced <input type="checkbox"/> 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: _____

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:			
Swallowing Duration (introduction of bolus to completion of pharyngeal stage): ___ sec.	Swallowing Duration ___ sec.	Swallowing Duration ___ sec.	Swallowing Duration ___ sec.

Comments _____

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)

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) _____

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 _____

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