

DYSPHAGIA SCREENING

PRE-FEEDING OBSERVATIONS

	CIRCLE	
Is the patient lethargic?	YES	NO
Is there loss of saliva from mouth?	YES	NO
Is the patient's speech slurred?	YES	NO
Is the patient's voice hoarse, breathy, and/or gurgling in quality?	YES	NO

If "YES" to any of the above, do not proceed with PO trials; refer to Speech Therapy.

FEEDING OBSERVATIONS

Puree: Present patient with teaspoon of puree food.

Does patient cough, clear throat, and/or have a gurgling vocal quality after swallowing?	YES	NO
Is any food pocketed in the mouth?	YES	NO

Repeat three(3) times if no symptoms.

If "YES" to any of the above, do not proceed with liquid trials; refer to Speech Therapy.

Liquids: Present patient with sip of water.

Does patient cough, clear throat, and/or have a gurgling vocal quality after swallowing?	YES	NO
Is there loss of liquid from the mouth?	YES	NO

Repeat three(3) times if no symptoms.

If "YES" to any of the above, refer to Speech Therapy.

Does patient the patient show any other signs of dysphagia?	YES	NO
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- ◆ Effortful/delayed swallow
- ◆ Multiple swallows per trial
- ◆ SOB after swallow
- ◆ Chest congestion after swallow
- ◆ Increased temperature after PO