**SWALLOWING EPISODE REPORT FORM (SERF)**

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| **Individual: Location:** |
| Prescribed consistency including liquids:  |
| **Date and time of episode: Date of Report:**  |
| **Indicate One: Breakfast Lunch Dinner Med Admin Other (specify)** |
| **Indicate Food consistency at time of incident : Whole Cut-up Chopped Ground Pureed** |
| **Indicate Liquid consistency at time of incident: Thin/ non-restrictive Nectar Honey Pudding**  |
| **Indicate position of person at time of incident: Erect Reclined In bed Other (specify)** |
| **Indicate support during meals/medication administration: Dining guidelines Requires no assist**  **Assisted by staff /nurse Assisted by other (specify):**  |

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| Observations |
|  Directions: Place an “X” in the box next to applicable observation(s) and notify RN as soon as possible | X | Comment:Indicate food/medications, amount, and other pertinent information |
| Choking \*\* \*\* Call 911, then notify registered nurse (RN)Difficulty Breathing \*\*  |
| **Face reddening or tearing eyes**  |  |  |
| **Gagging** |  |  |
| Coughing: specify |  |  |
| **Excessive throat clearing throughout meal** |  |  |
| Voice quality sounds gurgly or different  |  |  |
| **Food in mouth after swallow** |  |  |
| **Difficulty chewing** |  |  |
| **Regurgitation of food** |  |  |
| **Meal refusal** |  |  |
| Precipitating Factors |
| Place an “X” in the box  | **X** |  **Comment** |
| **Eating as Usual** |  |  |
| **Decreased attention** |  |  |
| **Rapid intake** |  |  |
| Behavior: specify |  |  |
| **Other: specify** |  |  |

**RN Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporter’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***SEND FORM* TO RN**

**Follow-up by RN Date: Comments:**

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|  **Physical findings and actions: *Indicate on Focus Nursing Note on Reverse Side of this form*** |
|  **PCP notified: (indicate name and time)**  |
| **Referral to: OT Speech/Language Pathologist ED/Walk-in PCP Dietitian None** (Indicate name & time) |
| **Temporary change of consistency initiated:** |
| Signature: **Side 1** |

**FOCUS NURSING NOTES**

## Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DDS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Time** | Focus  |  **D= Data A= Action R= Response** |
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**Side 2**

Instructions for Use of Swallowing Episode Report Form (SERF)

**Purpose of Form:**

The swallowing episode report form (SERF) is designed to document specific observations about an individual’s eating and swallowing abilities that may be noted by staff. It is intended to be completed and signed by the person(s) who made the observations, then forwarded to the registered nurse (RN). The RN then documents the follow-up actions taken to ensure the health and safety of the individual. This SERF identifies the observations that are associated with dysphagia and swallowing risks that are required to be reported promptly.

**Responsibilities of Person Completing the Form:**

1. Emergency Intervention First: Some observations, such as choking, require immediate emergency intervention (i.e., calling 911, abdominal thrusts) to assist the individual to survive a life-threatening situation. In these types of cases, the intervention appropriate to the situation must be provided immediately and according to training. Notification of the RN and completion of the necessary documentation (SERF and Incident Report Form 255m) shall wait until after the emergency has been resolved. It also may be necessary at this time to notify an administrator (Manager-on-Call, Supervisor) to report this emergency. DDS or qualified provider policy regarding notification in an emergency situation shall be followed.
2. Other Interventions: Some observations made while the individual is eating or swallowing may not show signs of being or appear to be life threatening at the time of the observation, but over time may result in serious health concerns for the individual. It is imperative to communicate all observations of the type listed on the SERF to the RN or, if appropriate, to the individual’s Primary Care Provider (PCP). If the observation is made outside of business hours, the nurse-on-call shall be contacted for direction. In some instances, the completion of the SERF and sending the SERF to the RN is all that may be required. Follow the directions from the RN regarding the process for the specific individuals at the site.

**Responsibilities of the Nurse:**

1. The RN is responsible for assessment of the information received as to the risk it presents to the individual’s health and safety. This may include a visual assessment or an assessment over the phone depending on nursing judgment.
2. The RN is responsible to provide direction to staff to ensure the health and safety of the individual This direction may include:
	1. Increased observation of the individual especially while eating, drinking, and taking oral medications.
	2. Temporarily downgrading the consistency of food or liquids given to the individual until his or her status can be fully determined.
	3. Specific positioning guidelines.
3. The RN is also responsible for communicating this information and distributing copies of this SERF to other members of the individual’s Planning and Support Team (i.e., Primary Care Provider (PCP), Speech Language Pathologist, Occupational Therapist), as appropriate.