**BEDSIDE SWALLOW EVALUATION**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS/RESIDENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CLINICIAN:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOE:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Current Food Consistency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Liquid Consistency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swallowing History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Dentition:** Complete  Missing teeth  Edentulous  Dentures  Unable to observe

**Oral Hygiene:**Appears adequate  Appears poor

**Positioning:**  Upright independent  Upright assisted  Reclined  Other

**Oral Motor Skills:** Strength: via Formal/Informal  Impaired  WFL

ROM: via Formal/Informal  Impaired  WFL

***Comments:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dry Swallows: *Prior to eating*:**  per minute ***After eating*:** per minute  Not addressed

**Oral Phase Code: + (present) - (absent) UTO (unable to observe)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **+** | **-** | **UTO** | **Comments** |
| Food stays in mouth |  |  |  |  |
| Lateralizes bolus |  |  |  |  |
| Chewing (note pattern) |  |  |  |  |
| No pocketing |  |  |  |  |
| No residual throughout cavity |  |  |  |  |
| No residual on hard palate |  |  |  |  |
| No residual on tongue |  |  |  |  |
| No delayed bolus manipulation |  |  |  |  |
| No tongue pumping |  |  |  |  |
| No reverse swallow |  |  |  |  |

**Pharyngeal Phase**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Swallow timely |  |  |  |  |
| Elevation of larynx |  |  |  |  |
| No repeat swallows |  |  |  |  |
| No nasal regurgitation |  |  |  |  |

**Esophageal Phase/History per Medical Chart review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No rumination |  |  |  |  |
| No vomiting |  |  |  |  |
| No significant GI history. |  |  |  |  |
| Other: |  |  |  |  |

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DOE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINICAL ASPIRATION SYMPTOMS (Check all that apply)**

None

Cough before swallow (food/liquid)  Cough during swallow (food/liquid)  Cough after swallow (food/liquid)

Wet vocal quality  Wet breath sounds  Excessive/copious secretions

Other:

***Comments:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FEEDING BEHAVIORS**

**Feeding style:**  Feeds self  Needs physical assistance  Fed

**Rate of PO intake:**  Slow  Moderate  Fast

**Size of mouthful:**  Small  Appropriate  Large

***Comments:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Consumption:** \_\_\_\_\_\_\_\_\_\_\_ % of meal consumed in approximately \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes

**COMMENTS/OBSERVATIONS/IMPRESSIONS**

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**RECOMMENDATIONS (check all that apply)**

1. **Continue present food consistency:**

**Continue present liquid consistency:**

1. **Modify food consistency to:**

**Modify liquid consistency to:**

1. **Dietary exclusions/exceptions:**
2. **Further recommendations (e.g. MBS, FEES):**
3. **Aspiration precautions**

**Reflux precautions**

1. **Additional Comments/ Support Strategies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Clinician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**