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