

### Adult Clinical Swallowing Evaluation Template

- Name: ID/Medical record number:
- Pronouns:
- Date of exam:
- Communication mode/language(s) spoken:
- Referred by:
- Reason for referral:
- Related medical diagnoses and dates of onset:

Medical Diagnosis		ICD-10	Date of Onset

- Other relevant medical/surgical history:
- Relevant Imaging:
- Relevant Labs:
- Current medications:
- Allergies:
- Pain:
- Educational history:
- Occupation:
- Tracheostomy:  Yes  No
- Trach size/valve type:
- PMV tolerated?  Yes  No
- Mechanical ventilation:  Yes  No Ventilator settings:
- Heart rate:
- O2 sats:
- **Symptoms** reported by patient (check all that apply):
 

<input type="checkbox"/> Coughing <input type="checkbox"/> Choking <input type="checkbox"/> Difficulty swallowing: <ul style="list-style-type: none"> <li><input type="checkbox"/> Foods</li> <li><input type="checkbox"/> Drinks</li> <li><input type="checkbox"/> Pills</li> </ul> <input type="checkbox"/> Drooling	<input type="checkbox"/> Pain on swallowing <input type="checkbox"/> Food gets stuck <input type="checkbox"/> Weight loss <input type="checkbox"/> History of aspiration or pneumonia <input type="checkbox"/> Other: _____
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• **Current diet (check all that apply):**

**NPO:**  Yes  No

If yes, alternative nutrition method:

- Nasogastric tube
- Gastrostomy
- Jejunostomy
- Total parenteral nutrition (TPN)

**PO:**  primary source of nutrition  pleasure feeds only

**Current Diet** (based on the [International Dysphagia Diet Standardization initiative](#), IDDSI)

Food consistency	Drink consistency
Regular (level 7)	Extremely thick (level 4)
Easy to chew (level 7)	Moderately thick (level 3)
Soft and bite-sized (level 6)	Mildly thick (level 2)
Minced and moist (level 5)	Slightly thick (level 1)
Pureed (level 4)	Thin (level 0)
Liquidised (level 3)	

• **Feeding Method:**  Independent in self-feeding  Needs some assistance  Dependent for feeding

• **Endurance during meals:**  Good  Fair  Poor  Variable

• **Mental Status (check all that apply):**

- Alert  responsive  cooperative  confused
- lethargic  impulsive  uncooperative  combative
- unresponsive

• **Oral Status**

Dentition:  WNL  Missing teeth \_\_\_\_\_  Decay

Dentures present:  upper  lower  partials

• **Cranial Nerve Examination Findings::**

	Normal	Abnormal	Comments
<b>Trigeminal V</b>			
<b>Symmetry of jaw at rest</b>			
<b>Symmetry of jaw opening with and without resistance</b>			
<b>General tongue sensation</b>			
<b>Facial VII</b>			
<b>Symmetry of face</b>			
<b>Symmetry during smile/pucker</b>			
<b>Taste to anterior 2/3 of tongue</b>			
<b>Glossopharyngeal IX and Vagus X</b>			

Velum at rest			
Velum with phonation			
Vocal quality			
Voluntary cough			
<b>Hypoglossal XII</b>			
Tongue at rest (atrophy/fasciculation)			
Tongue range of motion			
Tongue range of motion against resistance			

- **Oral Motor Assessment**

	<b>Lips</b>	<b>Tongue</b>	<b>Jaw</b>	<b>Soft Palate</b>	<b>Face</b>
<b>Structural Integrity</b>					

- **Auditory perceptual assessment of voice:**

- Phonation characteristics (including phonation duration, voice onset, etc.):
- Vocal quality:
- Vocal loudness:
- Resonance:

- **Respiratory Sufficiency and Coordination:**

- Overall respiratory function:
  - WNL
  - O<sub>2</sub> dependent \_\_\_liters via \_\_\_\_\_
- Respiratory pattern:  abdominal     thoracic     clavicular     Other
- Level of oxygen needed:  Room Air     Nasal Cannula: \_\_\_\_\_  OptiFlow: \_\_\_\_\_  
 CPAP/BiPAP/AVAPS: \_\_\_\_\_  Ventilator: \_\_\_\_\_
- Objective measures:
  - maximal inspiratory/expiratory pressures
  - peak cough strength
- Additional comments: \_\_\_\_\_

- **Sensory status:**

- Hearing status and method of testing:
- Vision status and method of testing:
- Patient complaint"

- **Results of recent instrumental assessments of swallowing:**

- **Swallow Trials:**

- **Position during assessment:**
- **Factors affecting performance:**
  - None
  - Impairment in mental status
  - Impairment in task endurance
  - Impairment in following directions

Other:

- **Saliva Swallows:**  WNL       Impaired       Xerostomia       Other:

**Liquid Trials (IDDSI)**

	<b>Thin (level 0)</b>	<b>Slightly thick (level 1)</b>	<b>Mildly thick (level 2)</b>	<b>Moderately thick (level 3)</b>	<b>Extremely thick (level 4)</b>
Administered by (Check all that apply)	Cup Spoon Straw Self-fed Fed by examiner other	Cup Spoon Straw Self-fed Fed by examiner other	Cup Spoon Straw Self-fed Fed by examiner other	Cup Spoon Straw Self-fed Fed by examiner other	Cup Spoon Straw Self-fed Fed by examiner other
Amounts:					
Response:					
Volitional cough during trials	yes/no	yes/no	yes/no	yes/no	yes/no
Volitional throat clear during trials	yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous cough during trials	yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous throat clear during trials	yes/no	yes/no	yes/no	yes/no	yes/no
Time from introduction of bolus until laryngeal movement	___ sec.	___ sec.	___ sec.	___ sec.	___ sec.

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

**Solid Food Trials (IDDSI)**

	<b>Regular (level 7)</b>	<b>Easy to chew (level 7)</b>	<b>Soft and bite-sized (level 6)</b>	<b>Minced and moist (level 5)</b>	<b>Pureed (level 4)</b>	<b>Liquidised (level 3)</b>

Administered by (Check all that apply)	Spoon/fork Self-fed Fed by examiner other	Spoon/fork Self-fed Fed by examiner other	Spoon/fork Self-fed Fed by examiner other	Spoon/fork Self-fed Fed by examiner other	Spoon/fork Self-fed Fed by examiner other	Spoon/fork Self-fed Fed by examiner other
Amounts:						
Response:						
Volitional cough:		yes/no	yes/no	yes/no	yes/no	yes/no
Volitional cough during trials		yes/no	yes/no	yes/no	yes/no	yes/no
Volitional throat clear during trials		yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous cough during trials		yes/no	yes/no	yes/no	yes/no	yes/no
Spontaneous throat clear during trials		___ sec.	___ sec.	___ sec.	___ sec.	___ sec.
Therapeutic management strategies Attempted and Response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.)						

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

- **Results of standardized tests of swallowing:**
  
- **Results of evaluation:**
  - Suspected Dysphagia diagnosis:
  - Suspected phases involved:
  - Contributing Factors to Swallowing Impairment:

- Reduced alertness or attention
- Difficulty following directions
- Reduced oral coordination/sensation
- Mastication inefficiency
- Nasal regurgitation
- Difficulty coordinating breathing and swallowing
- Other \_\_\_\_\_

• **Suspected rehabilitation potential:**

- Good                       Fair                       Poor, based on \_\_\_\_\_

• **Impact on Safety and Functioning (check all that apply)**

- No limitations

Suspected Risk for aspiration: \_\_\_\_\_

Risk for inadequate nutrition/hydration: \_\_\_\_\_

• **Recommendations:**

○ **Instrumental assessment:**

- Yes, Videofluoroscopic Swallowing Study
- Yes, Fiberoptic Endoscopic Evaluation of Swallowing
- No dysphagia present

○ **Recommend dysphagia treatment:**  Yes                       No

- Frequency:                      Duration:

○ **Diet Texture Recommendations:**

**Foods:**

- Regular (level 7)                       Easy to chew (level 7)                       Soft and bite-sized (level 6)
- Minced and moist (level 5)                       Pureed (level 4)                       Liquidised (level 3)

**Liquids:**

- Thin (level 0)                       Slightly thick (level 1)                       Mildly thick (level 2)
- Moderately thick (level 3)                       Extremely thick (level 4)

NPO

Other: \_\_\_\_\_

○ **Safety precautions/swallowing recommendations (check all that apply):**

- 1 to 1 supervision
- To be fed only by trained staff/family
- Trials by SLP only
- Reduce distractions
- Needs verbal cues to use recommended strategies

- Needs tactile cues to use recommended strategies
- Upright position at least 30 minutes after meals
- Small sips and bites when eating
- Slow rate
- Check for oral residue
- No straw
- Sips by straw only
- Multiple swallows: \_\_\_\_\_
- Alternate liquids and solids
- Sensory enhancement (flavor, texture, temperature): \_\_\_\_\_
- Oral care before and after meals
- Other \_\_\_\_\_
- **Other recommended referrals:**
  - Occupational Therapy
  - Dietetics
  - Gastroenterology
  - Neurology
  - Otolaryngology
  - Pulmonology
  - Other \_\_\_\_\_
- **Patient/Caregiver Education**
  - Patient/Family/caregivers expressed understanding of evaluation and treatment plan
  - Patient/Family/caregivers expressed understanding of swallowing/feeding precautions
  - Patient expressed understanding of evaluation but declined treatment
  - Patient requires further education
  - Family/caregivers require further education