

Pediatric Videofluoroscopic Swallow Study (VFSS)

Name:		ID/Medical record number:		
Date of exam:		Chronological age: Gestational age:		
Primary language of patient:				
Primary caregiver:		Corrected/adjusted age:		
Primary language of caregiver:		Family concerns:		
Interpreter? Yes No		Barriers to learning:		
Referred by:				
Reason for referral:				
Related medical diagnoses and d	ates of onset:			
Medical Diagnosis	ICD-10	Date of Onset		
Other relevant medical/surgical h	nistory:			
Current medications:	,			
Allergies:				
Pain:				
Educational history:				
Current respiratory status				
☐ Room air	☐ Nasal cannula			
□ CPAP	☐ Tracheostomy (trach	collar)		
 Mechanical ventilation 	☐ Use of Passy Muir spe	aking valve		
Tracheostomy:				
Mechanical ventilation:				
Symptoms reported by patient/c	aregiver: (Check all that app	ly.)		
\square Coughing \square Hi	story of poor weight gain			
☐ Choking ☐ Hi	story of dehydration			
☐ Difficulty swallowing:				
□ Foods				

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	Other				
• 0	Current diet: (C	Check all that apply.)			
N	NPO? □ Yes □ N	lo			
	If yes, a	alternative nutrition metho	od:		
		 Nasogastric tube 			 Total parenteral
		 Gastrostomy 			nutrition (TPN)
		 Jejunostomy 			
Р	O: Derimary	source of nutrition	☐ Pleasur	e feeds only	
	·			•	
Current [Diet (based on	the International Dysphag	gia Diet S	tandardization ir	nitiative [IDDSI])
		Food consistency		D	rink consistency
	Regular (Lev	el 7)		Extremely Thick	k (Level 4)
	Easy to Chev	v (Level 7)		Moderately Thi	ick (Level 3)
	Soft and Bite	-sized (Level 6)		Mildly Thick (Le	evel 2)
	Minced and	Moist (Level 5)		Slightly Thick (L	evel 1)
	Pureed (Leve	el 4)		Thin (Level 0)	
	Liquidised (L	evel 3)			
• Feed	ing Method:	Independent in self-feedi	ing 🗆 Ne	eds some assist	ance
		Dependent in self-feeding	g		
• Endu	rance During	Meals: ☐ Good	⊒ Fair	☐ Poor	☐ Variable
• Ment	tal Status: (Ch	eck all that apply.)			
] Alert				
] Responsive				
	Cooperative				
] Confused				
] Lethargic				
] Impulsive				
] Uncooperativ	/e			
] Combative				
] Unresponsive	9			
• Mobi	ility Status				
] Ambulatory	□ Wheelchair		Assistive device	
• Birth	History				
	Complications	during pregnancy:			
Deliv	ery:				
	Vaginal	☐ C-section (Reason):		Single birth	☐ Multiple births:
	_	during delivery:		-	
	Term	☐ Preterm (weeks/days):		NICU:	

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	Birth weight:				
	Intubation history:				
	APGAR SCORES: @ 1m: @5m:	@10m:			
•	Swallowing/Feeding and Nutrition History (d	escription of skills and age of acquisition of skill)			
	☐ Breast feeding:	_ □ Bottle feeding:			
	☐ Spoon (caregiver):	□ Fingers (self)			
	□ No spill cup:	□ Straw:			
	☐ Utensils (self):				
	□ Puree:				
	☐ Weaned from breast/bottle:				
	\square Pacifier use/when weaned from pacifier:				
	$\hfill\square$ Additional information, including ages of tra	insition:			
	☐ History of feeding tube line:				
•	Sensory status:				
	Hearing status:				
	Vision status:				
	o Testing of mechano-sensation of face and	•			
	o Testing of chemo-sensation (i.e., taste and	•			
		ess, tickling, burning, pain, etc.) and palpation of			
	extrinsic laryngeal musculature, as indicated				
•	Results of recent clinical bedside assessmen	<u> </u>			
•	Results of recent instrumental assessments	of swallowing:			
	wing planes: Lateral A-P				
Cor	ntrast: ☐ Standardized ☐ Nonsta	ndardized			

Heart rate _____ Respiratory rate: _____ O₂ sats: _____

Baseline Vitals:

Patient positioning for study:

Liquid Trials

	Thin (Level 0)	Slightly Thick	Mildly Thick	Moderately	Extremely Thick
		(Level 1)	(Level 2)	Thick (Level 3)	(Level 4)
Administered	Cup	Cup	Cup	Cup	Cup
by (Check All	Spoon	Spoon	Spoon	Spoon	Spoon
That Apply.)	Straw	Straw	Straw	Straw	Straw
	Self-fed	Self-fed	Self-fed	Self-fed	Self-fed
	Fed by examiner				
	Bottle (nipple				
	type):	type):	type):	type):	type):
Amounts	ml in				
/Duration:	mins	mins	mins	mins	mins
Sucks / Burst					
Fluid	Good	Good	Good	Good	Good
Expression	Fair	Fair	Fair	Fair	Fair
	Poor	Poor	Poor	Poor	Poor
Anterior Loss	Present	Present	Present	Present	Present
	Not present				
Jaw	Coordinated	Coordinated	Coordinated	Coordinated	Coordinated
Movement	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated
Tongue	Coordinated	Coordinated	Coordinated	Coordinated	Coordinated
Movement	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated	Uncoordinated
Swallow	Prompt	Prompt	Prompt	Prompt	Prompt
Initiation	Mild delay				
	Moderate delay				
	Severe delay				
	Absent	Absent	Absent	Absent	Absent
Volitional	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Cough During					
Trials?					
Volitional	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Throat Clear					
During Trials?					
Spontaneous	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Cough During					
Trials?					
Spontaneous	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Throat Clear					
During Trials?					

Swallowing	sec.	sec.	sec.	sec.	sec.
Duration					
(Introduction					
of Bolus to					
Completion of					
Pharyngeal					
Stage)					
Penetration	None	None	None	None	None
	Before swallow				
	During swallow				
	After swallow				
Aspiration	None	None	None	None	None
	Before swallow				
	During swallow				
	After swallow				
Residue	Oral	Oral	Oral	Oral	Oral
	Vallecula	Vallecula	Vallecula	Vallecula	Vallecula
	Pyriforms	Pyriforms	Pyriforms	Pyriforms	Pyriforms
	Base of tongue				
	Post. pharynx				
Therapeutic					
Management					
Strategies					
Attempted					
and Response					

Food trials

	Regular	Easy to	Soft and	Minced and	Pureed	Liquidised
	(Level 7)	Chew	Bite-sized	Moist (Level	(Level 4)	(Level 3)
		(Level 7)	(Level 6)	5)		
Administered	Spoon/fork	Spoon/fork	Spoon/fork	Spoon/fork	Spoon/fork	Spoon/fork
by (Check all	Self-fed	Self-fed	Self-fed	Self-fed	Self-fed	Self-fed
that apply)	Fed by	Fed by	Fed by	Fed by	Fed by	Fed by
	examiner	examiner	examiner	examiner	examiner	examiner
Amounts:						
Jaw	Coordinate	Coordinate	Coordinated	Coordinated	Coordinated	Jaw
Movement	d	d	Uncoordinat	Uncoordinat	Uncoordinat	Movement
	Uncoordin	Uncoordina	ed	ed	ed	
	ated	ted				

Tongue mvt	Coordinate	Coordinate	Coordinated	Coordinated	Coordinated	Coordinated
	d	d	Uncoordinat	Uncoordinat	Uncoordinat	Uncoordinat
	Uncoordin	Uncoordina	ed	ed	ed	ed
	ated	ted				
Swallow	Prompt	Prompt	Prompt	Prompt	Prompt	Prompt
Initiation	Mild delay	Mild delay	Mild delay	Mild delay	Mild delay	Mild delay
	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate
	delay	delay	delay	delay	delay	delay
	Severe	Severe	Severe delay	Severe delay	Severe delay	Severe delay
	delay	delay	Absent	Absent	Absent	Absent
	Absent	Absent				
Volitional	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
cough during		, ,	, .			
trials?						
Volitional	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
throat clear		, .				
during trials?						
Spontaneous	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
cough during						
trials?						
Spontaneous	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
throat clear						
during trials?						
Swallowing	sec.	sec.	sec.	sec.	sec.	sec.
duration						
(introduction						
of bolus to						
completion						
of						
pharyngeal						
stage)						
Penetration	None	None	None	None	None	None
	Before	Before	Before	Before	Before	Before
	swallow	swallow	swallow	swallow	swallow	swallow
	During	During	During	During	During	During
	swallow	swallow	swallow	swallow	swallow	swallow
	After	After	After	After	After	After
	swallow	swallow	swallow	swallow	swallow	swallow
Aspiration	None	None	None	None	None	None
	Before	Before	Before	Before	Before	Before
	swallow	swallow	swallow	swallow	swallow	swallow

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	During	During	During	During	During	During
	swallow	swallow	swallow	swallow	swallow	swallow
	After	After	After	After	After	After
	swallow	swallow	swallow	swallow	swallow	swallow
Residue	Oral	Oral	Oral	Oral	Oral	Oral
	Vallecula	Vallecula	Vallecula	Vallecula	Vallecula	Vallecula
	Pyriforms	Pyriforms	Pyriforms	Pyriforms	Pyriforms	Pyriforms
	Base of					
	tongue	tongue	tongue	tongue	tongue	tongue
	Post.	Post.	Post.	Post.	Post.	Post.
	pharynx	pharynx	pharynx	pharynx	pharynx	pharynx
Therapeutic						
management						
strategies						
attempted						
and response						

•	-	in	with	
	signs of stress			
•	Naso-Pharyngeal Backflow?] Yes □ No		
•	Esophageal Phase:			
	Backflow observed? ☐ Yes	□ No		
	Other observations:			
•	Post-Assessment Vitals:			
	Heart rate	Respiratory rate:	O ₂ sats:	
•	Overall Observations:			
	O Lin Closure:			

- Tongue Control During Bolus Hold:
- o Bolus Preparation/Mastication:
- Bolus Transport/Lingual Motion:
- Oral Residue:
- Initiation of the Pharyngeal Swallow: 0
- Soft Palate Elevation: 0
- Laryngeal Elevation: 0
- Anterior Hyoid Excursion: 0
- **Epiglottic Movement:**
- Laryngeal Vestibular Closure:
- Pharyngeal Stripping Wave:
- o Pharyngeal Contraction:
- o Pharyngoesophageal Segment Opening:
- Tongue Base Retraction:

C	Pharyngeal Residue:		
C	Esophageal Clearance (Upright Position):		
	Jordan Hazelwood, R., Armeson, K. E., Hill, E. G., Boldentification of swallowing tasks from a modified detection of physiological impairment. Journal of S 60(7), 1855-1863.	parium swallow study that o	ptimize the
	Impaired oral-pharyngeal transport time Impaired velopharyngeal closure Impaired velopharyngeal coordination Impaired tongue base retraction Delayed initiation of swallowing	rely impaired : Reduced phare Reduced hyola Upper airway	yngeal squeeze aryngeal elevation
Prognosis Impact o No lin Risk f Risk f Recomm Swall Diet Food	Good Fair Poor, bank Safety and Functioning: (Check all that apply.) Initiations Or aspiration: Or inadequate nutrition/hydration: Endations: Owing treatment? Yes No Texture Recommendations: Significant Easy to chew (level 7)	, ,	
• Liqui	ds: n (level 5) Pureed (level 4) Liquidised (level ds: n (level 0) Slightly thick (level 1) 3) Extremely thick (level 4)		☐ Moderately thick

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□ Other:	:		
Recomm	ended positions/maneuvers:		
☐ Chin	tuck		Supraglottic swallow
□ Head	l rotation		Super supraglottic swallow
□ Head	l tilt		Mendelsohn maneuver
□ Head	l back		Effortful swallow
□ Body	position		Other:
Safety pr	recautions/swallowing recommendations: (Ch	eck all that	apply.)
□ Supe	rvision needed for all meals		Sips by straw only
□ 1:1 c	lose supervision		Multiple swallows:
□ 1:1 d	istant supervision		Alternate liquids and solids
□ To be	e fed only by trained staff/family		Sensory enhancement (flavor, texture,
□ To be	e fed only by SLP		temperature):
□ Redu	ice distractions		Nipple flow rate
□ Need	ds verbal cues to use recommended		Positioning to orally feed
strate	egies		Lateral presentation of bolus
☐ Uprig	ght position at least 30 min after meals		Midline presentation of bolus
□ Smal	I sips and bites when eating		Feet on footplate/chair (circle one)
Slow	rate; swallow between bites		Other:
□ No st	traw		
Follow-u	p VFSS? ☐ Yes ☐ No		
Other re	commended referrals: Occupational therapy		
□ Diete	etics		Orofacial myologist
☐ Gastı	roenterology		Otolaryngology
□ Neur	ology		Pulmonology
□ Lacta	ation specialist		Other:
Patient/0	Caregiver Education		
	ribed results of evaluation to family/caregivers		
	Family/caregivers expressed understanding of evaluation and treatment plan.		
□ Fami	Family/caregivers expressed understanding of safety precautions and feeding recommendations.		
	ly/caregivers expressed understanding of evalu	lation but re	efused treatment.
	Family/caregivers require further education.		