Clinical Swallowing Exam

Name:
ID/Medical record number:
Date of exam:
Referred by:
Reason for referral:
Medical diagnosis:
Date of onset of diagnosis:
Other relevant medical history/diagnoses/surgery
Medications:
Allergies:
Pain:
Primary languages spoken:
Educational history:
Occupation:
Hearing status:
Vision status:
Tracheostomy:
Mechanical ventilation:

Subjective/Patient Report:

Symptoms reported by patient (check all that apply):
__Drooling
__Coughing
__Choking
__Difficulty swallowing:
  __Solids
  __Liquids
  __Pills
__Pain on swallowing
__Food gets stuck
__Weight loss
__History of aspiration or pneumonia
__Other:

Current diet (check all that apply)

Solids: __regular; __mechanical, __mechanical soft, __chopped, __minced, __pureed; other: __________________

Liquids: __thin; __nectar thick; __honey thick; __pudding thick; other: ______________

NPO: Alternative nutrition method
  __Nasogastric tube

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
Feeding Method: __Independent in self-feeding
__Needs some assistance
__Dependent for feeding

Endurance during meals:
__Good
__Fair
__Poor
__Variable

Observations/Informal Assessment:

Mental Status (check all that apply):
__alert
__responsive
__cooperative
__confused
__lethargic
__impulsive
__uncooperative
__combative
__unresponsive

Objective Assessment:

Oral Status
Dentition
__WNL
__Missing teeth ________________
__Decay
__Dentures present
__upper
__lower
### Oral Motor, Respiration, and Phonation

**Lips**
- **WNL, mild, mod, severe impairment**
- **Observation at rest (WNL, Edema, Erythema, Lesion):**
- **Symmetry, range, speed, strength, tone:**
  - Pucker
  - Retraction
  - Alternating pucker/retraction
- **Involuntary movement (e.g., chorea, dystonia, fasciculations, myoclonus, spasms, tremor):**

**Tongue**
- **WNL, mild, mod, severe impairment**
- **Observation at rest (WNL, Edema, Erythema, Lesion):**
- **Symmetry, range, speed, strength, tone:**
  - Protrusion
  - Retraction
  - Lateralization
- **Involuntary movement:**

**Jaw**
- **WNL, mild, mod, severe impairment**
- **Observation at rest:**
  - **Symmetry, range, strength, tone:**
  - Opening
  - Closing
  - Lateralization
  - Protrusion
  - Retraction
- **Involuntary movement:**

**Soft palate**
- **WNL, mild, mod, severe impairment**
- **Observation at rest (WNL, Edema, Erythema, Lesion):**
- **Symmetry, range, strength, tone:**
  - Elevation
  - Sustained elevation
  - Alternating elevation/relaxation
- **Involuntary movement:**

**Comments:**
Voice quality

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Quality</th>
<th>Loudness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonation</td>
<td>WNL</td>
<td>WNL</td>
<td>WNL</td>
</tr>
<tr>
<td></td>
<td>Mildly impaired</td>
<td>Breathy</td>
<td>Reduced</td>
</tr>
<tr>
<td></td>
<td>Moderately impaired</td>
<td>Hoarse</td>
<td>Excessive</td>
</tr>
<tr>
<td></td>
<td>Severely impaired</td>
<td>Harsh</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strained/strangled</td>
<td></td>
</tr>
</tbody>
</table>

Respiratory Sufficiency and Coordination:

- WNL
- Mildly impaired
- Moderately impaired
- Severely impaired

Comments: ________________________________

Food and Liquid Trials

Position during assessment: (check all that apply)

- Upright
- Slightly reclined
- Fully reclined

Comments: ________________________________

Factors affecting performance:

- No difficulties participating in study
- Impairment or difficulty noted in mental status
- Impairment or difficulty noted in following directions
- Impairment or difficulty noted in endurance
- Other: ________________________________

Saliva Swallows:

- WNL
- Impaired
- Xerostomia

Observations: ________________________________

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Liquid Trials

<table>
<thead>
<tr>
<th>Thin Liquids</th>
<th>Nectar-thick</th>
<th>Honey-thick</th>
<th>Pudding-thick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by (Check all that apply)</td>
<td>Administered by (Check all that apply)</td>
<td>Administered by (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Cup</td>
<td>Cup</td>
<td>Cup</td>
<td></td>
</tr>
<tr>
<td>Spoon</td>
<td>Spoon</td>
<td>Spoon</td>
<td></td>
</tr>
<tr>
<td>Straw</td>
<td>Straw</td>
<td>Straw</td>
<td></td>
</tr>
<tr>
<td>Self-feeding</td>
<td>Self-fed</td>
<td>Self-fed</td>
<td></td>
</tr>
<tr>
<td>Feeding by examiner</td>
<td>Fed by examiner</td>
<td>Fed by examiner</td>
<td></td>
</tr>
</tbody>
</table>

Administered by (Check all that apply)
Cup
Spoon
Straw
Self-fed
Fed by examiner

Amounts:

<table>
<thead>
<tr>
<th>Response: Volitional cough:</th>
<th>Volitional throat clear:</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes/no</td>
<td>yes/no</td>
</tr>
<tr>
<td>Spontaneous cough during trials: yes/no</td>
<td></td>
</tr>
<tr>
<td>Spontaneous throat clear during trials: yes/no</td>
<td></td>
</tr>
</tbody>
</table>

Response: Volitional cough: yes/no
Volitional throat clear: yes/no
Spontaneous cough during trials: yes/no
Spontaneous throat clear during trials: yes/no

Strategies Attempted and Response:

Swallowing Duration (introduction of bolus to completion of pharyngeal stage): ___ sec.

Swallowing Duration ___ sec.

Swallowing Duration ___ sec.

Comments __________________________________________________
## Solid Food Trials

<table>
<thead>
<tr>
<th>Food Item:</th>
<th>Food Item:</th>
<th>Food Item:</th>
<th>Food Item:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administered by:</strong></td>
<td>Spoon/fork Self-fed Fed by examiner</td>
<td>Spoon/fork Self-fed Fed by examiner</td>
<td>Spoon/fork Self-fed Fed by examiner</td>
</tr>
<tr>
<td><strong>Amounts:</strong></td>
<td><strong>Amounts:</strong></td>
<td><strong>Amounts:</strong></td>
<td><strong>Amounts:</strong></td>
</tr>
<tr>
<td><strong>Response:</strong> (circle all that apply)</td>
<td><strong>Response:</strong></td>
<td><strong>Response:</strong> (check all that apply)</td>
<td><strong>Response:</strong> (check all that apply)</td>
</tr>
<tr>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
</tr>
<tr>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
</tr>
<tr>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
</tr>
<tr>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
</tr>
<tr>
<td><strong>Strategies Attempted and Response:</strong></td>
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<tr>
<td><strong>Swallowing Duration</strong> (introduction of bolus to completion of pharyngeal stage): ___ sec.</td>
<td><strong>Swallowing Duration</strong> ___ sec.</td>
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<td><strong>Swallowing Duration</strong> ___ sec.</td>
</tr>
</tbody>
</table>

**Observations:** (laryngeal elevation, other)

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Findings

- Swallowing within normal limits
- Swallowing diagnosis:
  - dysphagia unspecified
  - oral phase dysphagia
  - oropharyngeal phase dysphagia
  - pharyngeal phase dysphagia
  - pharyngoesophageal phase dysphagia
  - other dysphagia
- Severity:
  - mild
  - mild-moderate
  - moderate
  - moderate-severe
  - severe

Characterized by: ______________________________________________________

Contributing Factors to Swallowing Impairment

- Reduced alertness or attention
- Difficulty following directions
- Reduced oral strength/coordination/sensation
- Mastication inefficiency
- Impaired oral-pharyngeal transport
- Impaired velopharyngeal closure/coordination
- Delayed swallow initiation
- Reduced laryngeal excursion
- Other ______________________________

Prognosis:  _ Good _ Fair _ Poor, based on ____________________________

Impact on Safety and Functioning (check all that apply)

- No limitations
- Risk for aspiration: ______________________________
- Risk for inadequate nutrition/hydration: ______________________________

NOMS Swallowing Score (1-7) ___

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Recommendations:

**Instrumental assessment:** __yes __no
- __Videofluoroscopic Swallowing Study
- __Endoscopic Swallowing Study

**Swallowing treatment:** __yes __no
- Frequency: ___Duration: ___

**Diet Texture Recommendations:**
- **Solids:** __regular; __mechanical, __mechanical soft, __chopped, __minced, __pureed; other: ______________
- **Liquids:** __thin; __nectar thick; __honey thick; __pudding thick; other: ______________
- NPO with alternative nutrition method: __________________________
- Alternative nutrition method with pleasure feedings: __________________________
- Other: __________________________

**Safety precautions/swallowing recommendations** (check all that apply):
- __Supervision needed for all meals
- __1 to 1 close supervision
- __1 to 1 distant supervision
- __To be fed only by trained staff/family
- __To be fed only by SLP
- __Feed only when alert
- __Reduce distractions
- __Needs verbal cues to use recommended strategies
- __Upright position at least 30 minutes after meals
- __Small sips and bites when eating
- __Slow rate; swallow between bites
- __No straw
- __Sips by straw only
- __Multiple swallows: __________________________
- __Alternate liquids and solids
- __Sensory enhancement (flavor, texture, temperature): __________________________
- __Other __________________________

**Other recommended referrals:**
- __Dietetics
- __Gastroenterology
- __Neurology
- __Otolaryngology
- __Pulmonology
- __Other __________________________

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Patient/Caregiver Education

- Described results of evaluation
- Patient expressed understanding of evaluation and agreement with goals and treatment plan
- Family/caregivers expressed understanding of evaluation and agreement with goals and treatment plan.
- Patient expressed understanding of safety precautions/feeding recommendations
- Family/caregivers expressed understanding of safety precautions/feeding recommendations
- Patient expressed understanding of evaluation but refused treatment
- Patient requires further education
- Family/caregivers require further education

Treatment Plan

Long Term Goals

Short Term Goals