VFSS Template 1

Videofluoroscopic 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

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Gastrostomy
Jejunostomy
Total parenteral nutrition (TPN)

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

Position during study: (check all that apply)
- Upright
- Slightly reclined
- Fully reclined
- Lateral view
- Anterior-posterior view
- Other: ________________________________

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: ________________________________
Food and Liquid Trials

Liquid Trials

Liquid Type:
  __ Thin; __ Nectar; __ Honey-thick

Administered by:
  __ Cup; __ Spoon; __ Straw; __ Self-fed; __ Fed by examiner

Amount /description: ____________________________________________

Initiation of swallow:
  [ ] Prompt
  [ ] Mild delay
  [ ] Moderate delay
  [ ] Severe delay
  [ ] Absent

Penetration noted:
  [ ] Before swallow
  [ ] During swallow
  [ ] After swallow

Aspiration noted:
  [ ] Before swallow
  [ ] During swallow
  [ ] After swallow

Strategies attempted:
  [ ] None
  [ ] Head turn
  [ ] Chin tuck
  [ ] Positioning
  [ ] Supraglottic swallow
  [ ] Super supraglottic swallow
  [ ] Other

Response:
  [ ] WNL
  [ ] Volitional cough
  [ ] Volitional throat clear
  [ ] Spontaneous cough
  [ ] Spontaneous throat clear

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Residue: ________________________________________________

Solid Food Trials

Food Items: ________________________________________________

Administered by:
   __Self-fed; __ Fed by examiner

Amount /description: _______________________________________

Initiation of swallow:
   [ ] Prompt
   [ ] Mild delay
   [ ] Moderate delay
   [ ] Severe delay
   [ ] Absent

Penetration noted:
   [ ] Before swallow
   [ ] During swallow
   [ ] After swallow

Aspiration noted:
   [ ] Before swallow
   [ ] During swallow
   [ ] After swallow

Strategies attempted:
   [ ] None
   [ ] Head turn
   [ ] Chin tuck
   [ ] Positioning
   [ ] Supraglottic swallow
   [ ] Super supraglottic swallow
   [ ] Other

Response:
   [ ] WNL
   [ ] Volitional cough
   [ ] Volitional throat clear
   [ ] Spontaneous cough
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Residue: ____________________________________________________

Esophageal Phase
   Backflow observed: __no__ __yes
   Other observations: ____________________________________________

Observations:
   Oral phase (bolus control, lingual propulsion)______________________
   Velopharyngeal port _____________________________________________
   Pharyngeal propulsion ___________________________________________
   Hyolaryngeal excursion __________________________________________
   Laryngeal valve _________________________________________________
   Upper esophageal sphincter opening ______________________________

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/control for bolus propulsion
   __Impaired velopharyngeal closure/coordination
   __Reduced pharyngeal propulsion
   __Reduced hyolaryngeal excursion
   __Reduced airway sensation/protection
   __Reduced opening of upper esophageal sphincter
   __Other _________________________________________________________
Prognosis:  __Good __Fair __Poor, based on ________________________

Impact on Functioning (check all that apply)
    __No limitations
    __Risk for aspiration: ______________________________
    __Risk for inadequate nutrition/hydration: ______________________________

NOMS Swallowing Score 1-7 (if not already scored on Clinical Bedside Exam) ______

Recommendations

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 ______________________________

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Recommended positions/maneuvers:

- Chin tuck
- Head rotation
- Head tilt
- Head back
- Body position
- Supraglottic swallow
- Super supraglottic swallow
- Mendelsohn maneuver
- Effortful swallow

Other: ______________________________

Other recommended referrals:

- Dietetics
- Gastroenterology
- Neurology
- Otolaryngology
- Pulmonology
- Other _________________________

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