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:

<table>
<thead>
<tr>
<th>Medical Diagnosis</th>
<th>ICD-10</th>
<th>Date of Onset</th>
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<tbody>
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</tbody>
</table>

- 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):
  - □ Coughing
  - □ Choking
  - □ Difficulty swallowing:
    - □ Foods
    - □ Drinks
    - □ Pills
  - □ Drooling
  - □ Pain on swallowing
  - □ Food gets stuck
  - □ Weight loss
  - □ History of aspiration or pneumonia
  - □ Other: ____________________

*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.*
• **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](http://www.iddsi.org), IDDSI)

<table>
<thead>
<tr>
<th>Food consistency</th>
<th>Drink consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular (level 7)</td>
<td>Extremely thick (level 4)</td>
</tr>
<tr>
<td>Easy to chew (level 7)</td>
<td>Moderately thick (level 3)</td>
</tr>
<tr>
<td>Soft and bite-sized (level 6)</td>
<td>Mildly thick (level 2)</td>
</tr>
<tr>
<td>Minced and moist (level 5)</td>
<td>Slightly thick (level 1)</td>
</tr>
<tr>
<td>Pureed (level 4)</td>
<td>Thin (level 0)</td>
</tr>
<tr>
<td>Liquidised (level 3)</td>
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</tbody>
</table>

• **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:**

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trigeminal V</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Symmetry of jaw at rest</td>
<td></td>
<td></td>
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<tr>
<td>Symmetry of jaw opening with and without resistance</td>
<td></td>
<td></td>
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<tr>
<td>General tongue sensation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Facial VII</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Symmetry of face</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Symmetry during smile/pucker</td>
<td></td>
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<tr>
<td>Taste to anterior 2/3 of tongue</td>
<td></td>
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</tbody>
</table>

**Glossopharyngeal IX and Vagus X**

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Velum at rest
Velum with phonation
Vocal quality
Voluntary cough

Hypoglossal XII

Tongue at rest (atrophy/fasciculation)
Tongue range of motion
Tongue range of motion against resistance

- **Oral Motor Assessment**

<table>
<thead>
<tr>
<th>Structural Integrity</th>
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<tbody>
<tr>
<td>Lips</td>
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</tbody>
</table>

- **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
    - O2 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
    - Impairment in following directions

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☐ Other:

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

### Liquid Trials (IDDSI)

<table>
<thead>
<tr>
<th>Administered by (Check all that apply)</th>
<th>Thin (level 0)</th>
<th>Slightly thick (level 1)</th>
<th>Mildly thick (level 2)</th>
<th>Moderately thick (level 3)</th>
<th>Extremely thick (level 4)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Cup</td>
<td>Cup</td>
<td>Cup</td>
<td>Cup</td>
<td>Cup</td>
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<tr>
<td></td>
<td>Spoon</td>
<td>Spoon</td>
<td>Spoon</td>
<td>Spoon</td>
<td>Spoon</td>
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<tr>
<td></td>
<td>Straw</td>
<td>Straw</td>
<td>Straw</td>
<td>Straw</td>
<td>Straw</td>
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<tr>
<td></td>
<td>by examiner</td>
<td>by examiner</td>
<td>by examiner</td>
<td>by examiner</td>
<td>by examiner</td>
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<td></td>
<td>other</td>
<td>other</td>
<td>other</td>
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<td>other</td>
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Liquid Trials:

- **Administered by:**
  - Cup
  - Spoon
  - Straw
  - Self-fed Fed by examiner
  - Other

- **Amounts:**

- **Response:**

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

- **Time from introduction of bolus until laryngeal movement:**

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

### Solid Food Trials (IDDSI)

- 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)

**Comments**

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### Administered by (Check all that apply)

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<tbody>
<tr>
<td>Self-fed</td>
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<tr>
<td>Self-fed</td>
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<tr>
<td>Fed by</td>
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<tr>
<td>other</td>
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### Amounts:

|            |                           |                           |                           |                           |                           |

### Response:

<table>
<thead>
<tr>
<th></th>
<th>yes/no</th>
<th>yes/no</th>
<th>yes/no</th>
<th>yes/no</th>
<th>yes/no</th>
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<tbody>
<tr>
<td>Volitional cough:</td>
<td></td>
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</tr>
<tr>
<td>Volitional cough during trials</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
</tr>
<tr>
<td>Volitional throat clear during trials</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
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<tr>
<td>Spontaneous cough during trials</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
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<tr>
<td>Spontaneous throat clear during trials</td>
<td>___ sec.</td>
<td>___ sec.</td>
<td>___ sec.</td>
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### Therapeutic management strategies

<table>
<thead>
<tr>
<th>Attempted and Response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.)</th>
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</table>

### 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

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- 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

- **Other recommended referrals:**
  - Occupational Therapy
  - Dietetics
  - Gastroenterology
  - Neurology

- **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