Pediatric Clinical Swallowing Evaluation Template

• Name: ID/Medical record number:
• Date of exam: Chronological age:
• Primary language of patient: Gestational age:
• Primary caregiver Corrected/adjusted age:
• Primary language of caregiver: Interpreter? Yes No
• Referred by: Family concerns:
• Reason for referral: Barriers to learning:
• 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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</thead>
<tbody>
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</table>

• Other relevant medical/surgical history:

Birth History
Complications during pregnancy: __________________________________________________

Delivery:
Vaginal C-section (Reason: ___________) Single birth Multiple births:
Complications during delivery: __________________________________________________
Term Preterm (weeks/days): NICU:

Birth weight:
APGAR SCORES: @ 1m: @5m: @10m:

Other Birth History
• Current diagnosis:
• Current medications:
• Allergies:
• Intubation history:
• Pain:
• Current respiratory status

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Room air  Nasal cannula
CPAP  Tracheostomy (trach collar)
Mechanical ventilation  Use of Passy Muir speaking valve

- Feeding ability: (Comment if necessary.)
  - Breastfeeding:
  - Spoon from caregiver:
  - No spill cup:
  - Utensils (self):

- Symptoms reported by caregiver: (Check all that apply.)
  - Coughing frequency
  - Choking frequency
  - Frequency of gagging during or after eating
  - Frequency of vomiting during or after eating
  - Frequency of wet vocal quality during or after eating
  - Difficulty swallowing:
    - Foods
    - Drinks
  - Difficulty with medications
  - Autonomic instability
  - Fevers
  - Other: ______________________
  - Drooling
  - Pain on swallowing
  - Frequency of food getting stuck
  - Weight loss
  - History of aspiration or pneumonia
  - Dehydration
  - Problem behaviors when eating/drinking:
    - Sneezing
    - Stress signals
    - Color change

- 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

<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>
</tbody>
</table>

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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
- Swallowing history
  - Number of meals/snacks per day: Avg length of meals/snacks:
  - Fed by: Sensory preferences:
  - Feeding position: Additives/supplements:
  - Feeding Routine:
- Mental status: (Check all that apply.)
  - Alert Responsive Cooperative Confused
  - Lethargic Impulsive Uncooperative Combative
  - Unresponsive
- Oral status
  - Dentition: WNL Missing teeth ______________ Decay
- Cranial nerve examination findings:
- Non-nutritive suckling response:
  - N/A Adequate Impaired
- Signs of stress during assessment:
- Oral motor assessment
- Abnormal structures:

<table>
<thead>
<tr>
<th>Lips</th>
<th>Tongue</th>
<th>Jaw</th>
<th>Soft Palate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation at rest (WNL, edema, erythema, lesion, etc.)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Symmetry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strength</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involuntary movements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional comments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pediatric Clinical Swallowing Evaluation Template

- 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    Mildly impaired    Moderately impaired    Severely impaired
  - Respiratory pattern:
    - Abdominal    Thoracic    Clavicular    Other
  - Coordination of respiration with phonation (breath-holding patterns, habitual use of residual air, length of breath groups)
  - Objective measures:
    - Maximal inspiratory/expiratory pressures
    - Peak cough strength
  - Additional comments: _________________________

- Sensory status:
  - Hearing status:
  - Vision status:
  - Testing of mechano-sensation of face and oral cavity
  - Testing of chemo-sensation (i.e., taste and smell)
  - Assessment of laryngeal sensations (dryness, tickling, burning, pain, etc.) and palpation, as indicated

- Results of recent instrumental assessments of swallowing:

- Swallow trials:
  - Baseline vitals:
    - Heart rate ________________ Respiratory rate:_________________ O₂ sats: ______________
  - Position during assessment:
  - Factors affecting performance:
    - None    Impairment in following directions
    - Impairment in task endurance    Other:
    - Impairment in mental status
  - Saliva swallows:
    - WNL    Impaired    Xerostomia    Other:
    - Pooling    Hypoactive sensation
  - Liquid trials:
    - Fed by: Self    Caregiver    Clinician
    - Feeding skills appropriate for age?    Yes    No

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Liquid Trials

<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) (Not typically recommended for children under 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Open cup</td>
<td>Cup with lid</td>
<td>Open cup</td>
<td>Cup with lid</td>
<td>Open cup</td>
</tr>
<tr>
<td></td>
<td>______ml in _______mins</td>
<td>______ml in _______mins</td>
<td>______ml in _______mins</td>
<td>______ml in _______mins</td>
<td>______ml in _______mins</td>
</tr>
<tr>
<td></td>
<td>Response:</td>
<td>Sucks / burst</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluid expression</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>Jaw movement</td>
<td>Coordinated</td>
<td>Uncoordinated</td>
<td>Coordinated</td>
<td>Uncoordinated</td>
</tr>
<tr>
<td></td>
<td>Tongue movement</td>
<td>Coordinated</td>
<td>Uncoordinated</td>
<td>Coordinated</td>
<td>Uncoordinated</td>
</tr>
<tr>
<td></td>
<td>Anterior loss</td>
<td>Present</td>
<td>Not Present</td>
<td>Present</td>
<td>Not Present</td>
</tr>
<tr>
<td></td>
<td>Volitional cough during trials?</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
</tr>
<tr>
<td></td>
<td>Volitional throat-clear during trials?</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
</tr>
<tr>
<td></td>
<td>Spontaneous cough during trials?</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
</tr>
</tbody>
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Spontaneous throat-clear during trials? | yes/no | yes/no | yes/no | yes/no | yes/no
---|---|---|---|---|---
Swallowing duration (from introduction of bolus to completion of pharyngeal stage) | ___ sec. | ___ sec. | ___ sec. | ___ sec. | ___ sec.
Therapeutic management strategies attempted and response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.)

Comments: __________________________________________________

**Solid Food Trials**

<table>
<thead>
<tr>
<th>Administered by (Check all that apply.)</th>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response:</td>
<td>Coordinated Uncoordinated</td>
<td>Coordinated Uncoordinated</td>
<td>Coordinated Uncoordinated</td>
<td>Coordinated Uncoordinated</td>
<td>Coordinated</td>
<td>Coordinated</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Tongue Movement</th>
<th>Coordinated</th>
<th>Uncoordinated</th>
<th>Coordinated</th>
<th>Uncoordinated</th>
<th>Coordinated</th>
<th>Uncoordinated</th>
<th>Coordinated</th>
<th>Uncoordinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volitional cough?</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</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 cough during trials?</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
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<td>yes/no</td>
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<td>yes/no</td>
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</tr>
<tr>
<td>Volitional throat-clear during trials?</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
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</tr>
<tr>
<td>Spontaneous cough during trials?</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
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<td>yes/no</td>
<td>yes/no</td>
<td>yes/no</td>
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<tr>
<td>Therapeutic management strategies attempted and response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.)</td>
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Comments __________________________________________________

- Post-assessment vitals
  Heart rate: ____________ Respiratory rate: ____________ O₂ sats: ____________
• Results of standardized tests of swallowing:

• Results of evaluation:
  o Dysphagia diagnosis:
  o Severity:
    - Mildly impaired
    - Mildly to moderately impaired
    - Moderately impaired
    - Moderately to severely impaired
    - Severely impaired
  o 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: ______________________________

• Recommendations:
  o Instrumental assessment?
    - Yes—videofluoroscopic swallowing study
    - Yes—fiberoptic endoscopic evaluation of swallowing
    - No
  o Swallowing treatment? Yes    No
  o 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) [Not typically recommended for children under 3]
      - 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
- Requires 1:1 close supervision
- Requires 1:1 distant supervision
- To be fed only by trained staff/family
- To be fed only by SLP
- Needs to have reduced distractions when feeding
- Needs verbal cues to use recommended strategies
- Needs to remain in upright position at least 30 minutes after meals
- Needs to take small sips and bites when eating
- Needs consistent monitoring of flow rate

Equipment specifics: ____________________

Positioning
Pacing (e.g., co-regulated, external)
Needs to feed at a slow rate; needs to swallow between bites
No straw
Sips by straw only
Needs multiple swallows: _________________
Needs to alternate liquids and solids
Needs sensory enhancement (e.g., flavor, texture, temperature): _____
Other: ____________________________

Other recommended referrals:

- Occupational therapy
- Dietetics
- Gastroenterology
- Neurology
- Lactation specialist
- Orofacial myologist
- Otolaryngology
- Pulmonology
- Other: ____________________________

Patient/caregiver education

- SLP described results of evaluation.
- Patient/family/caregivers expressed understanding of evaluation and treatment plan.
- Patient/family/caregivers expressed understanding of safety precautions and feeding recommendations.
- Patient expressed understanding of evaluation but refused treatment.
- Patient requires further education.
- Family/caregivers require further education.