

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

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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

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:

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Voice quality

Activity	Duration	Quality	Loudness
Phonation	WNL Mildly impaired Moderately impaired Severely impaired	WNL Breathy Hoarse Harsh Strained/strangled	WNL Reduced Excessive

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: _____

Liquid Trials

Thin Liquids	Nectar-thick	Honey-thick	Pudding-thick
Administered by (Check all that apply) Cup Spoon Straw Self-feeding Feeding by examiner	Administered by (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner	Administered by (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner	Administered by (Check all that apply) Cup Spoon Straw Self-fed Fed by examiner
Amounts:	Amounts:	Amounts:	Amounts:
Response: Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	Response: Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	Response: Volitional cough: yes/no Volitional throat clear: yes/no Spontaneous cough during trials: yes/no Spontaneous throat clear during trials: yes/no	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:	Strategies Attempted and Response:	Strategies Attempted and Response:	Strategies Attempted and Response:
Swallowing Duration (introduction of bolus to completion of pharyngeal stage): ___ sec.	Swallowing Duration ___ sec.	Swallowing Duration ___ sec.	Swallowing Duration ___ sec.

Comments _____

Solid Food Trials

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

Observations: (laryngeal elevation, other)

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: _____

Recommendations:

- Instrumental assessment:** yes no
- Videofluoroscopic Swallowing Study
 - Endoscopic Swallowing Study

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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 _____

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