Guidelines for Referring to Speech-Language Pathology Services

SKILLED NURSING FACILITY

This guidelines document is designed to help health care providers determine the need for a referral to a speech-language pathologist (SLP). It does not take the place of a comprehensive evaluation.

Patient's Name: _____ Date: _____

Referring Professional: _____

Instructions

1. Observe the patient, review the medical record, and/or interview care partners (e.g., nurse, family, or care partners from the prior setting).

2. Answer "**yes**" **(Y)** or "**no**" **(N)** for each question. If any question is answered **"yes,"** refer the patient to an SLP.

Medical Factors		
Does the patient have a significant weight loss or dehydration?	Y	N
Is the patient having new or increased trouble breathing—like excessive coughing or pneumonia?	Y	N
Does the patient have a neurological condition or diagnosis—like stroke, Parkinson's disease, or dementia—that impacts speech, language, swallowing, and/or cognition?	Y	N
Does the patient have a new or chronic tracheostomy or laryngectomy that is causing them to have trouble with their voice, communication, and/or swallowing?	Y	N

Swallowing		
Does the patient have a dysphagia diagnosis?	Y	N
Are they on a modified diet consistency?	Y	N
Does the patient complain of difficulty with swallowing, eating, or drinking?	Y	N
Does the patient cough, choke, or have a wet, "gurgly" voice during or after eating or drinking?	Y	N
Does the patient have trouble keeping food, drinks, or saliva in their mouth?	Y	N
Is the patient having difficulty or pain chewing or swallowing?	Y	N
Does it take the patient an extended amount of time to consume meals?	Y	N
Does food or liquid stay in the mouth after swallowing?	Y	N
Does the patient have a "runny nose" while eating or drinking?	Y	N
Does the patient report food "sticking" in the neck, throat, or chest?	Y	N
Does the patient have trouble breathing when eating or drinking?	Y	N
Does the patient have poor oral hygiene—like bleeding gums or loose or broken teeth?	Y	N
Does the patient depend on others for feeding or oral care?	Y	N

Communication		
Does the patient have a communication disorder diagnosis or a history of receiving speech therapy services?	Y	N
Is the patient having new or more trouble expressing basic needs—like reporting pain or asking for help?	Y	N
Is the patient having new or increased trouble communicating preferences and/or goals about medical decisions and care?	Y	N
Is the patient having new or increased trouble communicating with family and/or care partners?	Y	N
Is the patient having new or increased trouble understanding information—like following directions during care tasks or participating in conversation?	Y	N
Does the patient have any changes in reading or writing?	Y	N

Cognition		
Does the patient have new or increased difficulty with orientation to self, environment, and/or time of day?	Y	N
Does the patient have new or increased difficulty focusing on a task or a conversation?	Y	N
Is the patient having new or more trouble making safe decisions?	Y	N
Is the patient having new or increased impulsive behaviors—like getting out of bed without help or refusing care without a reason?	Y	N
Does the patient have new or increased trouble planning or sequencing the steps for common tasks—like brushing their teeth or using the bathroom?	Y	N
Is the patient having new or increased trouble remembering things—like how to transfer safely, their daily routine, or names of family members?	Y	N

Next Steps

If any question above is answered **"yes,"** refer the patient to the SLP team for further evaluation.

Please contact healthservices@asha.org for questions about this resource.