

## **VIDEOFLUOROSCOPIC SWALLOWING EXAM**

### **IDENTIFYING INFORMATION**

May include the following:

Name, ID/Medical record number, Date of birth, Date of exam, Referred by, Reason for referral

### **HISTORY/SUBJECTIVE INFORMATION**

#### **Medical History**

May include the following, as appropriate:

Medical diagnosis, gestational age, post conceptual age, delivery method, Appearance, Pulse, Grimace, Activity, Respiration scores (APGARs), birth weight, respiratory history (to include presence or history of tracheostomy, mechanical ventilation, any history of apnea, history of aspiration/pneumonia, asthma/wheezing), gastrointestinal history, surgical history, previous hospitalizations, medications, medical specialists currently following patient, developmental history (to include apparent/estimated communication status, persistent reflexes), ear infections, vision and hearing (normal/abnormal)

#### **Feeding History**

Should include the following:

Current feeding method (i.e., breast/bottle/cup/tube), medical team's concerns for feeding, parents'/caregivers' concerns, presence of coughing/choking/gagging/congestion during or after feeding, vomiting, excessive drooling, noisy breathing, irregular respiration, weight loss or difficulty with weight gain, poor endurance or fatigue, limited intake, difficulty latching, oxygen desaturation/other signs of stress including high irritability associated with feeding, color changes, and/or panicked look on face, feeding schedule, time taken to complete a feeding, current diet, any difficulties experienced when learning to eat table foods, specific food likes/dislikes

#### **Results of Previous VFSS**

May include recommendation for change in liquids to thin, nectar thick, honey thick, and so forth.

#### **Results of Previous Observations/Bedside Clinical Examinations**

May include responses to environmental and/or tactile inputs, assessment of primitive reflexes, oral structures, voice quality

### **TESTS ADMINISTERED**

For today's study, patient was given (*list all consistencies tested, including liquids, semisolids, and solids*) via (*list what combinations of bottles and nipples, cups, spoons, straws, oral syringe, other modalities were attempted*). Patient was viewed sitting semi-upright/upright in the lateral/anterior-posterior view positioned in (*dysphagia chair/wheelchair/other pediatric seats*,

*etc.*). Patient's caregiver (*was/was not*) present throughout today's exam, and he or she (*served/did not serve*) as the feeder during today's exam. Barriers to learning (*were/were not*) identified. Staff radiologist (*was/was not*) present throughout today's exam. Patient (*was/was not*) in pain, and patient earned a score of \_ out of \_ on the \_\_\_\_\_ pain scale. Parent/caregiver goal was ( \_\_\_\_\_ / *not reported due to their absence at the time of the exam*).

### Oral Tests

Modality of administration (*cup/spoon/straw/other [if other, list]*)

Viscosity of test consistency \_\_\_\_\_

*(List each time there is a change in either modality or viscosity.)*

Fluid expression \_\_\_good \_\_\_fair \_\_\_poor

Total volume consumed in specific amount of time (e.g., "patient consumed 15 cc in 45 seconds")

Anterior loss: \_\_\_\_\_ Present \_\_\_\_\_ Not present

Endurance: Patient took total volume of \_\_\_\_\_ (list consistencies tested, i.e. thin, nectar, etc...) in \_\_\_\_\_ amount of time (list time for each) with signs of stress (list specific stress sign) or no signs of stress.

Adequate intra-oral bolus containment before the swallow: \_\_\_\_\_ Yes \_\_\_\_\_ No

*If no, list location of bolus material in the pharynx before the swallow (hypopharynx, pyriform sinuses, etc.)*

Amount consumed: \_\_\_ of \_\_\_ ml in \_\_\_ min

Heart rate \_\_\_\_\_ Respiratory rate \_\_\_\_\_ O<sub>2</sub> sats \_\_\_\_\_

Tongue movement: \_\_\_\_\_ Coordinated \_\_\_\_\_ Uncoordinated

Additional observations: \_\_\_\_\_

Compensatory strategies designed to improve oral phase functioning and patient's responses to those strategies (e.g., change in modality, positioning, external pacing, etc.)

Oral transit times were \_\_\_\_\_ (*within functional limits/prolonged*) (*list oral transit times, if available*).

### Pharyngeal Tests

Initiation of swallow:

[ ] Prompt

- Mild delay
- Moderate delay
- Severe delay
- Absent

*Based on pharyngeal transit times; report pharyngeal delayed time, when available.*

Laryngeal penetration noted and reason for penetration:

- Before swallow
- During swallow
- After swallow

*Report if penetrated material was cleared from the laryngeal vestibule with swallow completion or if it remained in the laryngeal vestibule after swallow completion.*

Aspiration noted, and reason for aspiration:

- Before swallow
- During swallow
- After swallow

*Report if patient coughed in response to aspirated material and if aspirated material was cleared from subglottic region with cough/swallow completion.*

Estimated severity of aspiration:

- Trace
- Mild
- Moderate
- Severe

Nasopharyngeal backflow and reason for nasopharyngeal backflow

*Also report patient reaction to backflow and if it cleared with additional swallows.*

Presence of residual material

- Yes
- No

*If yes, list site of residual material. Also list reason for residual material and if it was cleared with additional swallows.*

The following compensatory measures were introduced to \_\_\_\_\_ (list reason for introduction; e.g., “liquids thickened to a nectar consistency were administered to increase sensory stimulation”) in an attempt to improve swallowing function.

*Note: The previous information (e.g., initiation of swallow, presence of laryngeal penetration, aspiration, and/or nasopharyngeal backflow) should be included for each strategy attempted, which allows the clinician to objectively report on patient's response to compensatory strategies.*

Pharyngeal transit times were (*within functional limits/prolonged*) (*list pharyngeal transit times, when available*).

**Esophageal Phase**

Backflow observed?

Yes

No

Other observations: \_\_\_\_\_

**IMPRESSION**

Clinical impression is (*mild/moderate/severe/profound*) (*oral/pharyngeal/oropharyngeal*) dysphagia characterized by \_\_\_\_\_ (*list specific impairment; e.g., reduced lingual control, delayed initiation of pharyngeal response, etc.*) that resulted in \_\_\_\_\_ (*list specific symptoms observed such as spillover before the swallow, laryngeal penetration, aspiration, etc.*).

*Note: If patient presents with normal swallow function, a statement such as the following may be appropriate: Clinical impression is oropharyngeal swallowing response that is within functional limits to support oral feeding.*

**PROGNOSIS**

Prognosis is (*good/fair/poor*) for safe and adequate oral intake based on the results of today's exam and the medical history reported.

*(Note: It may be appropriate to have two prognosis statements—one for adequate oral intake and one for safe oral intake—if the prognosis is different for each one.)*

**RECOMMENDATIONS**

Continue oral feedings with no changes

Continue oral feedings with the following modifications:

Liquids: \_\_ thin \_\_ nectar thick \_\_ honey thick \_\_ other: \_\_\_\_\_

Feeding schedule modifications/recommendations \_\_\_\_\_

Recommendations for feeding strategies \_\_\_\_\_

Discontinue oral feeding with placement of alternative method of nutritional intake

Feeding/swallowing therapy recommended?

Yes (Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_)

No

**Other Recommended Referrals:**

Dietetics

Gastroenterology

Neurology

Otolaryngology

Pulmonology

Other \_\_\_\_\_

**Follow-Up MBS?**

Yes

No

**Recommended Date for Repeat MBS?**

Yes

No

If yes:

**Caregiver Education**

Described results of evaluation

Family/caregivers expressed understanding of evaluation and agreement with goals and treatment plan

Family/caregivers expressed understanding of safety precautions/feeding recommendations

Family/caregivers require further education

**Treatment Plan**

*Discuss long-term goals.*

*Discuss short-term goals.*