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

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Clinical Swallowing Evaluation Template

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Quality</th>
<th>Loudness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonation</td>
<td>WNL</td>
<td>WNL</td>
<td>WNL</td>
</tr>
<tr>
<td></td>
<td>Mildly impaired</td>
<td>Breathy</td>
<td>Reduced</td>
</tr>
<tr>
<td></td>
<td>Moderately impaired</td>
<td>Hoarse</td>
<td>Excessive</td>
</tr>
<tr>
<td></td>
<td>Severely impaired</td>
<td>Harsh</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strained/strangled</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________

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Liquid Trials

<table>
<thead>
<tr>
<th>Thin Liquids</th>
<th>Nectar-thick</th>
<th>Honey-thick</th>
<th>Pudding-thick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by (Check all that apply)</td>
<td>Administered by (Check all that apply)</td>
<td>Administered by (Check all that apply)</td>
<td>Administered by (Check all that apply)</td>
</tr>
<tr>
<td>Cup</td>
<td>Cup</td>
<td>Cup</td>
<td>Cup</td>
</tr>
<tr>
<td>Spoon</td>
<td>Spoon</td>
<td>Spoon</td>
<td>Spoon</td>
</tr>
<tr>
<td>Straw</td>
<td>Straw</td>
<td>Straw</td>
<td>Straw</td>
</tr>
<tr>
<td>Self-feeding</td>
<td>Self-fed</td>
<td>Self-fed</td>
<td>Self-fed</td>
</tr>
<tr>
<td>Feeding by examiner</td>
<td>Fed by examiner</td>
<td>Fed by examiner</td>
<td>Fed by examiner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amounts:</th>
<th>Amounts:</th>
<th>Amounts:</th>
<th>Amounts:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Response:</th>
<th>Response:</th>
<th>Response:</th>
<th>Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
</tr>
<tr>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
</tr>
<tr>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
</tr>
<tr>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategies Attempted and Response:</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Swallowing Duration</th>
<th>Swallowing Duration</th>
<th>Swallowing Duration</th>
<th>Swallowing Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>(introduction of bolus to completion of pharyngeal stage): ___ sec.</td>
<td>___ sec.</td>
<td>___ sec.</td>
<td>___ sec.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
<th>Comments</th>
</tr>
</thead>
</table>

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**Solid Food Trials**

<table>
<thead>
<tr>
<th>Food Item:</th>
<th>Food Item:</th>
<th>Food Item:</th>
<th>Food Item:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administered by:</strong></td>
<td>Spoon/fork</td>
<td>Spoon/fork</td>
<td>Spoon/fork</td>
</tr>
<tr>
<td><strong>Amounts:</strong></td>
<td>Amounts:</td>
<td>Amounts:</td>
<td>Amounts:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Response:</strong> (circle all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
<td>Volitional cough: yes/no</td>
</tr>
<tr>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
<td>Volitional throat clear: yes/no</td>
</tr>
<tr>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
<td>Spontaneous cough during trials: yes/no</td>
</tr>
<tr>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
<td>Spontaneous throat clear during trials: yes/no</td>
</tr>
<tr>
<td><strong>Strategies Attempted and Response:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Swallowing Duration</strong> (introduction of bolus to completion of pharyngeal stage): ___ sec.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td><strong>Observations:</strong> (laryngeal elevation, other)</td>
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</tbody>
</table>

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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

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__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