

Endoscopic Swallowing Evaluation

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

Position during study: (check all that apply)

- Upright Slightly reclined Fully reclined
- In bed
- In chair

Comments: _____

Scope passed through

- Left nasal passage
- Right nasal passage

Anesthesia: no yes

If yes, type: _____

How administered: topical spray

Nasal passage: left right

Comments: _____

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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 _____

Observations of hypopharynx prior to bolus presentation: _____

Velopharyngeal port (check all that apply):

- WNL
- Asymmetry
- Decreased range of motion
- Decreased speed of movement
- Decreased coordination
- Other _____

Comments: _____

Hypopharynx (check all that apply):

- WNL
- Edema
- Erythema
- Abnormal anatomy
- Asymmetry
- Decreased range of motion
- Decreased speed of movement
- Decreased coordination
- Other _____

Comments: _____

Larynx (check all that apply):

- WNL
- Edema
- Erythema
- Abnormal anatomy
- Asymmetry
- Decreased range of motion
- Decreased speed of movement
- Decreased coordination
- Other _____

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Comments: _____

Secretions:

- WNL
 Pooling- transient
 Pooling –consistent
-

If other than WNL:

Awareness of secretions

- consistent
 inconsistent
 absent
-

Appearance of secretions: _____

Structural Observations: _____

Other observations prior to bolus presentation (tremor, clonus, swallowing frequency): _____

Liquid Trials

Liquid Type:

Thin; Nectar; Honey-thick

Administered by:

Cup; Spoon; Straw; Self-fed; Fed by examiner

Amount /description: _____

Penetration noted:

- Before swallow
 During swallow
 After swallow

Aspiration noted:

- Before swallow
 During swallow
 After swallow

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Strategies attempted:

- None
- Head turn
- Chin tuck
- Positioning
- Supraglottic swallow
- Super supraglottic swallow
- Other

Response:

- WNL
- Volitional cough
- Volitional throat clear
- Spontaneous cough
- Spontaneous throat clear

Residue: _____

Hyolaryngeal elevation: _____

Solid Food Trials

Food Items: _____

Administered by:

___ Self-fed; ___ Fed by examiner

Amount /description: _____

Penetration noted:

- Before swallow
- During swallow
- After swallow

Aspiration noted:

- Before swallow
- During swallow
- After swallow

Strategies attempted:

- None
- Head turn
- Chin tuck

- Positioning
- Supraglottic swallow
- Super supraglottic swallow
- Other

Response:

- WNL
- Volitional cough
- Volitional throat clear
- Spontaneous cough
- Spontaneous throat clear

Residue: _____

Hyolaryngeal elevation: _____

Upper Esophageal Phase

Backflow observed: __no __yes _____

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 (check all that apply):

- __ Impaired oral phase
- __ Impaired oral-pharyngeal transport time
- __ Impaired velopharyngeal closure
- __ Impaired velopharyngeal coordination

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- Impaired tongue base retraction
- Delayed initiation of swallowing
- Pharyngeal asymmetry
- Reduced pharyngeal squeeze
- Reduced hyolaryngeal elevation
- Upper airway obstruction
- Reduced cricopharyngeal opening
- Abnormal structural observations: _____
- 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:

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