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

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
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
cooporative
confused
lethargic
impulsive
uncooporative
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: ________________________________

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
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 __________________________

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
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

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
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

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
[ ] Positioning
[ ] Supraglottic swallow
[ ] Super supraglottic swallow
[ ] Other

Response:
[ ] WNL
[ ] Volitional cough
[ ] Volitional throat clear
[ ] Spontaneous cough
[ ] Spontaneous throat clear

Residue: ____________________________________________________

Hyalaryngeal 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

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
__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