

Videofluoroscopic 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

Position during study: (check all that apply)

- Upright Slightly reclined Fully reclined
- Lateral view
- Anterior-posterior view
- Other: _____

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 _____

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Food and Liquid Trials**Liquid Trials****Liquid Type:**

Thin; Nectar; Honey-thick

Administered by:

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

Amount /description: _____

Initiation of swallow:

- Prompt
- Mild delay
- Moderate delay
- Severe delay
- Absent

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

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Residue: _____

Solid Food Trials

Food Items: _____

Administered by:

__ Self-fed; __ Fed by examiner

Amount /description: _____

Initiation of swallow:

- Prompt
- Mild delay
- Moderate delay
- Severe delay
- Absent

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: _____

Esophageal Phase

Backflow observed: __no __yes

Other observations: _____

Observations:

Oral phase (bolus control, lingual propulsion) _____

Velopharyngeal port _____

Pharyngeal propulsion _____

Hyolaryngeal excursion _____

Laryngeal valve _____

Upper esophageal sphincter opening _____

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/control for bolus propulsion

Impaired velopharyngeal closure/coordination

Reduced pharyngeal propulsion

Reduced hyolaryngeal excursion

Reduced airway sensation/protection

Reduced opening of upper esophageal sphincter

Other _____

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Prognosis: __ Good __ Fair __ Poor, based on _____

Impact on 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 _____

Recommended positions/maneuvers:

Chin tuck

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- Head rotation
- Head tilt
- Head back
- Body position
- Supraglottic swallow
- Super supraglottic swallow
- Mendelsohn maneuver
- Effortful swallow
- 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