

**Dynamic Medical Solutions
Dysphagia Evaluation Report**

Name: _____ Date: _____ DOB: _____ HICN: _____

Ordering Physician: _____ Facility: _____ Cognition: Good Fair Poor

Current Intake Method: P.O. N.P.O Medications: whole crushed N.P.O Current Diet: _____ Liquids: _____

CHIEF COMPLAINT/MEDICAL HISTORY: _____

Primary Diagnosis: _____ Dentition: _____

Respiratory Status: aided @ _____ liters / unaided Position for study @ 90* _____ OTHER _____

PRELIMINARY INFORMATION: Volitional swallow _____ Cough _____ Throat Clear _____

LATERAL STUDY RESULTS

Oral Prep							Swallow Disorder
labial seal							reduced labial strength
lingual function							reduced lingual strength
buccal function							reduced buccal strength
mastication							reduced coordination
bolus preparation							reduced lingual strength
Oral Phase							
oral transit time							reduced oral control
A-P propulsion							reduced lingual strength
premature spillage							reduced base of tongue
bolus cohesion/piecemeal							reduced lingual coordination
velar elevation							reduced velar function
Pharyngeal Phase							
trigger of pharyngeal swallow							delayed / absent swallow
pharyngeal peristalsis							reduced contraction/constriction
reduced laryngeal elevation							reduced muscle movement
vallecular pooling	M Mod Sev	M Mod Sev	M Mod Sev	M Mod Sev	M Mod Sev	M Mod Sev	spontaneous / cued swallows
pyriform sinus pooling	M Mod Sev	M Mod Sev	M Mod Sev	M Mod Sev	M Mod Sev	M Mod Sev	cricopharyngeal dysfunction
Penetration prior during post							Response:
Aspiration during post							Response:

Strategies & further information: _____

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90° A-P STUDY RESULTS

Oral Function: Reduced oral control _____ Premature Spillage _____ Reduced A-P Movement _____

Pharyngeal Function: Delayed/Absent Swallow Reflex _____ Residue in Valleculae R / L / B Pyriform Sinus R / L / B

Facilitative Techniques Attempted / Responses _____

COMPLEX SPEECH EVALUATION:

Vocal Cord Function: DNT _____ Good _____ Fair _____ Poor _____ Decreased Approximation R / L / B

ESOPHAGEAL FUNCTION: DNT _____ WFL _____

Slowed Clearing _____ Decreased Motility _____ Reverse Peristalsis _____ Stasis _____ Narrowing _____

Other Esophageal abnormality: _____ See Physician's Report _____

MOTION Tested for adequacy of movement to be utilized effectively in compensatory strategies:

Chin Tuck (Flexion)	Adequate _____	Inadequate _____
Head Back (Extention)	Adequate _____	Inadequate _____
Head Turn R/L (Rotation)	Adequate _____	Inadequate _____

CERVICAL SPINE MOTION N/A _____ Adequate _____ Inadequate _____

SUMMARY / IMPRESSIONS:

Oral Stage WFL _____ Mild _____ Moderate _____ Severe _____ Dysphagia

Pharyngeal Stage WFL _____ Mild _____ Moderate _____ Severe _____ Dysphagia

Laryngeal Function WFL _____ Reduced / Inadequate: Movement _____ Sensation _____

Esophageal Stage WFL _____ Mild _____ Moderate _____ Severe _____ Dysphagia

RECOMMENDATIONS:

NPO / ALTERNATIVE FEEDING RECOMMENDED DUE TO HIGH ASPIRATION &/OR MALNUTRITION / DEHYDRATION RISK

Diet: _____ Liquids: _____ Medications: _____

Compensatory Techniques Recommended:

Chin Tuck _____
Head Turn Left _____ Right _____
Head Tilt Left _____ Right _____
Alternate Liquids / Solids _____: _____ ratio
Small bites / sips 1/3 - 1/2 tsp _____
Monitor w/ Verbal Cues:
Pocketing Right _____ Left _____
Multiple Swallows X _____ Verbal / Tactile Cue _____
Posture @ 90° _____ other _____*

Dysphagia Therapy
Oral Motor Exercises _____
Laryngeal Exercises _____
Thermal Stimulation _____
Supraglottic Swallow _____
Effortful Swallow _____
Mendelsssohn Maneuver _____
Shaker Exercises _____
Reflux Precautions: Up _____ min post intake
Repeat Study _____ wks / @ SLP discretion

OTHER:

Monitor Lung Sounds & Temperature after meals due to risk of ASPIRATION _____

Practice STRICT ORAL CARE to decrease ASPIRATION PNEUMONIA risk _____

Trial feeding with SLP initially w/ close monitoring by nursing- upgrade at SLP discretion Diet: _____

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EDUCATION / RECOMMENDATION / REFERRALS

Following Information Provided to: Patient _____ SLP _____ Physician _____ Nursing _____ Family _____ Dietary _____ Other _____

FEEDING

Feed @ 90* for all P.O. intake _____
P.O. for all meals _____
NPO secondary to risk of aspiration/malnutrition _____
Trial Feeding only by SLP w/Monitoring by Nursing _____
Pleasure Feeding w/Primary nutrition via Alternative Feeding _____
Should Physician/Family/Patient refuse NPO status follow safest feeding guidelines as indicated _____
Monitor lung sounds and temperature following oral intake _____
Practice Strict Oral Care to reduce risk for Aspiration Pneumonia _____

TREATMENT

Oral Motor Exercises _____
Resistive Sucking Exercises _____
Chewing Exercises _____
Base of Tongue _____
Thermal/Gustatory Stimulation _____
Pharyngeal / Laryngeal Exercises _____
Vocal Cord adduction exercises _____
Masako Maneuver _____
Instruction for performing compensatory strategies _____
Patient / Staff / Caregiver Education _____

COMPENSATORY STRATEGIES / SWALLOW PRECAUTIONS:

Body Position for meals: Seated upright @ 90* _____ Head of bed @ 90* _____ Reclined @ _____ Other _____
Head Position for meals: Neutral _____ Chin Tuck _____ Head Turn (R / L) _____ Head Tilt (R / L) _____ Other: _____
Liquids from: Cup _____ Straw _____ NO STRAW _____ Spoon _____ Modified Cup limiting sip size _____ Wide mouth/nosey cup _____
Multiple swallow X _____ after each bite _____
Effortful swallows _____
Voluntary cough / throat clear and swallow after each swallow _____
Alternate liquids / solids _____ : _____ ratio
Alternate with lemon ice / thermal stimulation _____
Small bites / sips 1/2-1/3 tsp. _____
Check for pocketing (R / L / Both) _____
Encourage lingual sweep after bite & swab oral cavity after meals _____
Mendelsssohn Maneuver _____
Supraglottic swallow (Super) _____
Valsalva Maneuver _____

DIET

Solids: Puree (Thin) _____ Mech. Soft (ground / chopped) _____ Regular _____
Extra Gravies/Sauces _____
Liquids: Thin _____ Nectar _____ Honey _____ Pudding _____
Medications: NPO _____ Crush _____ Crush w/ Puree _____ Whole _____
Miscellaneous: Ice Chips _____ Lemon Ice _____
OTHER: _____

N.P.O. _____

REFER PATIENT TO / FOR:

Speech Pathologist for **Dysphagia therapy** _____
Primary physician to determine if **G-I consult** warranted _____
Primary physician to CONSIDER **alternative method of feeding** _____
Dentist for evaluation _____
Dietary Consult _____
ENT consult to evaluate _____
Chest X-ray with follow-up in 3 days _____
Other : _____

N.P.O. _____

REFLUX PRECAUTIONS

Remain upright for _____ minutes after intake
No food or drink for 1 - 2 hours prior to sleep _____
Keep Head of Bed (HOB) elevated at 30* 45* at all times _____

additional information:

SPEECH PATHOLOGIST

DATE