RN Dysphagia Screen

If YES to ANY question or part below: keep patient NPO, notify attending physician and obtain Dysphagia consult.

Part 1: 

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Does the patient exhibit any of the following?
If NO to all, proceed to part 2.

- Decreased consciousness
- Facial weakness
- Tongue weakness
- Weak or absent cough
- Poor or absent voice
- Dysarthria (Slurred speech)
- Unable to follow simple commands
- Inability to handle own secretions
- G tube/J tube with current NPO status

PART 2: 

PATIENT MUST BE SITTING UPRIGHT AT 90°

Ask patient to take a sip of water from a cup (no straw)
ANY changes to voice quality (wetness, gurgling) and/or coughing; drooling, oral holding, change in breathing, watery eyes, runny nose, delayed coughing, throat clearing or no swallow reflex?

- YES? STOP. Keep patient NPO
- NO? Safe for oral intake.

If NO to ALL parts, it is safe to give the patient oral intake.

- The patient was screened prior to any oral intake.

Completed By: ____________________________ Date/Time: ____________________________

Unit: ________________