Nursing Swallowing Screen

Complete screening before initiation of PO Intake including medications.

Prior to starting the screening –
- Have patient sitting in 90 degree upright position
- Have oral suction available

If the answer is "NO" to any of the following, "STOP" the screening Procedure and notify the physician

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO if no, stop</th>
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<tbody>
<tr>
<td>1. Patient is alert and can follow simple commands</td>
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<td>2. Patient has clear strong voice and can vocalize upon request.</td>
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<td>3. Patient’s speech is not slurred or garbled.</td>
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<td>4. Patient has voluntary cough (have patient cough 2 times).</td>
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<td>5. Patient able to swallow own secretions (no drooling).</td>
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<tr>
<td>6. Patient is able to swallow a teaspoon of water, without throat clearing, choking, gurgling, coughing, dribbling or drooling.</td>
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<tr>
<td>7. Patient able to swallow 60 ml of water (4 Tablespoons), without throat clearing, choking, gurgling, coughing, dribbling or drooling (do not use straw).</td>
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<td>8. Patient able to swallow liquid from a straw without throat clearing, choking, gurgling, coughing, dribbling or drooling.</td>
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<td>9. Patient without coughing or throat clearing for several minutes after screening.</td>
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If any of the responses are “no” and the screen is stopped, then he/she should remain NPO until further dysphagia evaluation by speech therapy is completed. Speech therapy requires a physician order.

If answers to all screening questions are “YES”, Contact the physician with the result, and for diet and PO medication orders.

Name: ________________________________ □ RN □ MD Signature ________________________________ Date: ____________ Time: ____________

Print Name: ___________________________
Specifications

Form Description: Nursing Swallowing Screen

Current Form Number: NE003

Print

Stock
☒ 20# White
☐ 60# Pastel
☐ 2 pt carbonless
☐ 3 pt carbonless
☐ 4 pt carbonless
☐ 5 pt carbonless
☐ other carbonless
☐ Other Stock
☐ Special Instructions (see below)

Sides
☒ Front
☐ Front & Back

Folding
☐ Letter Fold
☐ Z Fold
☐ Special Instructions (see below)

Finishing

Padding
☐ Top
☐ Left

Drilling
☐ Long edge std 3 holes
☒ Long edge 2 holes
☐ Long edge 5 holes
☐ Long edge 7 holes
☐ Long edge 9 holes
☐ Short edge 2 holes
☐ Staple, Where
☐ Special Instructions (see below)

Unit Size
☒ 8 ½ x 11
☐ 8 ½ x 14
☐ 11 x 17
☐ Special Instructions (see below)

Packaging
☐ Yes
☐ No

Other Specifications:

☐ Special Instructions (see below)

Number of units / wrap

Special Instructions:

________________________________________________________________________

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________________________________________________________________________