

Nursing Bedside Swallow Screen

Pre-Screen Assessment: STOP Obtain orders for NPO and SLP eval/treat consult for any NO response.		Yes	No
1.	Patient is alert, keenly responsive, and able to follow commands?		
2.	Speech is without slurring /garbling? (you are screening for dysarthria)		
3.	Patient clearly speaks or understands words? (you are screening for aphasia)		
4.	Able to clench teeth?		
5.	Able to close lips?		
6.	Face is symmetrical with movement?		
7.	Tongue is midline?		
8.	Uvula is midline?		
9.	Gag reflex is present?		
10.	Has voluntary cough? (have patient cough 2 times on command)		
11.	Able to swallow own secretions? (no drooling)		
12.	Swallow reflex is present?		
Swallo	w Screen: STOP Obtain orders for NPO and SLP eval/treat consult for any NO response.	Yes	No
13.	Give teaspoon of water (NO STRAW) with patient in upright position		
	a. Swallows without choking?		
	b. Speaks without gurgly/wet voice?		
	c. Does not cough after drinking water?		
	d. Does not drool water?		
14.	Then give 60 mL of water (NO STRAW), if teaspoon was tolerated		
	a. Swallows without choking?		
	b. Speaks without gurgly/wet voice?		
	c. Does not cough after drinking water?		
	d. Does not drool water?		
Swall	ow Screen 🔲 Pass 🔲 Fail. DOCUMENT in EPIC PCS flowsheet. (NO = Fail YES =	Pass)	

RN Actions and Orders

- □ Failed Screen: Obtains physician orders for NPO and SLP Eval and Treat Consult <u>OR</u>
- Passed Screen: Patient started on ordered diet: Dysphagia Mechanical Soft and Thin Liquid diet. For patients with poor dentition, order Dysphagia Pureed and Thin Liquid diet.

Aspiration Precautions for Patients Passing Swallow Screen:

- At meals, check for pocketing, difficulty chewing, and fatigue. RN assesses patient at first meal.
- If difficulties are noted, 1. Enter Epic orders for Diet: NPO 2. Obtain MD order for SLP Eval & Treat.
- If no problems, advance diet as tolerated. Observe for signs of aspiration noted in assessment above.

***Once SLP orders diet, ONLY SLP can change the diet order.