Nursing Bedside Swallow Screen

*To be completed by qualified staff on ALL **TIA/Stroke** patients prior to administering oral medication, food or fluids*

EXCLUSION CRITERIA: RISK IS TOO HIGH – DEFER ADMINISTRATION	
♦ Unable to remain alert for testing	♦ Tracheostomy tube present
♦ Head of bed restrictions < 30 °	♦ NPO (nil per os) by physician order
♦ Existing enteral tube feeding (stomach or nose)	♦ Eating a modified diet due to pre-existing dysphagia
Does patient meet any of the exclusion criteria mentioned above?	
☐ **YES - STOP SWALLOW SCREEN** Follow RN Actions & Orders for Failed Screen.	☐ **NO – CONTINUE SWALLOW SCREEN**

1	**BRIEF COGNITIVE SCREEN: Failure to answer questions correctly may be associated with increased risk of aspiration but does not prevent screening**		
	♦ What is your name?		
	♦ Where are you?		
	♦ What year is it?		
2	**ORAL MECHANISM EXAM: Weakness and/or asymmetry may warrant modified solid textures/fluids, but does not exclude patient from the 3 oz water swallow challenge.**		
	♦ Lip closure: Puff your cheeks with air and hold. Is there asymmetry/weakness?	Yes	No
	♦ Tongue: Stick out your tongue, move it side to side. Is there asymmetry/weakness?	Yes	No
	♦ Facial Symmetry: Smile/Pucker Is there asymmetry/weakness?	Yes	No
3	**3 OZ WATER SWALLOW CHALLENGE: Stopping while drinking, coughing, or throat clearing indicates a fail and an elevated aspiration risk.**		
	♦ Sit patient upright at 90 degrees or as high as tolerated > 30°		
	♦ Instruct patient to drink the entire 3 ounces of water from a cup or straw with sequential swallows – slow and steady but without stopping. (Note: cup or straw can be held by RN or patient)		

RESULTS
☐ **PASS:** Did not observe patient starting/stopping while drinking, coughing, choking, or throat clearing during or immediately after drinking.
☐ **FAIL:** Observed patient starting/stopping while drinking, coughing, choking, or throat clearing during or immediately after drinking.

Signature Date Time

RN Actions and Orders:

☐ Failed Screen:

- Obtain physician orders for NPO, if need to administer medications obtain orders for alternative route.
- Document in patient medical record (NO = Fail)

☐ Passed Screen:

- Document in patient medical record (YES = Pass)
- Collaborate with MD/PA/LIP for appropriate oral diet.
- May administer ordered medications.
- Results of cognitive screen and oral mechanism exam may warrant modified solid textures and fluids