Covenant Health
Misericordia

Clinical Swallowing Evaluation

General Observations: 88 year old female, on RA c̄ IV in (R) arm. Pt lying down c̄ head slightly elevated, repositioned for swallowing trials. Pt alert, pleasant, and talkative.

BOLUS TRIALS:

Consistency	lip seal; tongue control; bolus prep.; bolus transport; oral residue; hyo-laryngeal mov't; throat clearing; coughing; audible swallow; multiple swallows; vocal changes
Water by straw x 8	Adequate lip seal Ø spillage of liquid, moderate ↓ hyo-laryngeal mov't, swallows were audible, Ø vocal changes post swallow, slight wheezing post swallow. Slightly delayed cough post swallow. Pt belched occasionally post swallow. Pt drank c̄ straw c̄ Ø assistance
Nectar thick x 5	Pt sipped liquid from cup, adequate lip seal, moderate ↓ hyo-laryngeal movement. Swallows mildly audible. Ø vocal changes, Ø cough, and Ø wheezing post swallow.
Banana x 3	Pt has difficulty chewing and maintaining conesive bolus. Pt has difficulty transporting bolus to oropharynx, ↓ hyo-laryngeal mov't. Ø throat clearing, Ø coughing, Ø vocal changes post swallow. Pt swallowed multiple times c̄ no cues.

IMPRESSIONS/SUMMARY:

Pt presented c̄ moderate oral and probable pharyngeal stage dysphagia characterized by prolonged chewing c̄ solids, AE coughing post swallow c̄ thin liquids and ↓ hyo-laryngeal elevation on all trials. Instrumental ax is required in order to rule out pharyngeal stage dysphagia.

RECOMMENDATIONS:

Diet: Dysphagia soft diet c̄ pureed bread products and nectar thick (Level 1) liquids.

Medication: one at a time, whole c̄ nectar thick liquids / apple sauce

Other/Restrictions/Preferences: ice chips as desired separately from meals / medications. HOB at 30° at all times

Plan: VFSS and follow up.

- ☑ Patient may eat : ☑ Independently ☐ with Supervision / Assistance / Set-up
- ☑ **Ensure patient is seated upright (90 degrees) and alert for all oral intake**
- ☑ **Ensure patient remains upright (90 degrees) for a minimum of ~~30~~ 60 minutes after any oral intake**
- ☑ **Discontinue oral feeds if the patient is choking/coughing, if you hear a change in voice quality, and/or change in respiration observed (notify the SLP/charge nurse re: same)**
- ☑ **Ensure regular oral hygiene** post meals, remove dentures to clean food residue
- ☑ **Monitor chest status, temperature, and secretions (if status declines notify SLP/charge nurse re: same)**
- ☑ Instrumental Ax - VFSS

Report started Feb 24, 2012.

Date Feb 27, 2012 Signature [signature] (student SLP) Page 2 of 2

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Ax/chart completed Feb 27, 2012.

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