Covenant Health
Misericordia

Clinical Swallowing Evaluation

Medical Dx: Hyponatremia, Hypokalemia **Contact Inf**

HPI: 88 year old female, admitted via emergency Feb 23 2012. Pt from Emmanuel nursing home, Edmonton. Pt was supposed to have day surgery to remove (L) Breast tissue, however pt was weak otherwise and had difficulty swallowing as well as vomiting and diarrhea (x1 day) x 6 days. Pt had productive cough

PMHx: (L) breast carcinoma (Jan 2010), Cataract, hypokalemia, TIA, Re-Excision inf. Margin (L) breast, (L) thumb fracture, HTN, Silent heart attack, hypothyroidism, Cholecystectomy (2001)
Social Hx: Widow, lives in Seniors home, independent ± ADL's, ex smoker.

Code Status: Full **Personal Directive:** / **Allergies:** NKA

Medications: Heparin, KDur 40mEq, Irbesartan, Vit D, Calcium, Fosamax, Synthroid, KCl

Labs: Feb 24th, 2012		**Investigations/Consultations:** Normal temp. on admission
Hgb: 132	WBC: 50	CXR (Feb 23, 2012) - Atherosclerotic change in Aorta, otherwise normal
K: 2.8↓ corr	Na: 129↓	KUB Abd (Feb 23, 2012) - Calcification over (L) kidney
Urea: 4.6	Creat: 62	CXR (Dec. 24, 2011) - No acute intrathoracic abnormality or rib fractures
(R) Glucose: 5.1	Albumin: 38	

Physical Fxn: AAT order

Resp Status: RA

Communication/Cognition: GCS on admission 15/15, ITC hearing aid bilaterally. Anglican + Dutch speaking

Nutritional/Hydration Status: Admission ht 5'5 Wt 120 lbs - estimated. ↓ appetite x 1 week ↓ fluid intake. Per medical admission developed dysphagia x 2 days c "inability to move food from oral cavity to oropharynx. IV NS ± KCL

Patient/Caregiver's Description of Swallow: Pt reports strong productive cough. Pt reported coughing after laying down. She reported that it is difficult to initiate swallow form a cohesive food bolus and move food to back of mouth.

Previous Dysphagia Ax(s): None known.

ORAL MOTOR EXAMINATION:

	Comments
Head/Face	mild facial asymmetry - mild (R) weakness of face, Adequate sensation of face
Lips	Mild (R) weakness, ↓ ROM of motion (elevation of corners on retraction)
Tongue	↓ strength on (R) side, difficulty bringing tongue upwards + fast associated jaw movement, back of tongue mildly dry. Adequate strength on protrusion
Jaw	↓ ROM laterally
Soft Palate/Gag	Gag present, adequate elevation and coordination on phonation
Volitional Swallow	moderate ↓ in hyo-laryngeal excursion
Cough/Throat Clear	Strong cough. Cough sounds wet
Voice Quality	Age-Appropriate
Oral Hygiene	Residue in ↓ dentures post-meal, pt reports she cleans dentures post meal. Oral mucosa mildly dry.
Dentition	T ↓ dentures pt reports she sleeps ± them. ↓ denture very loose

Date Feb 24, 2012 Signature [signature] (Student S.L.P.)
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