BEDSIDE ASSESSMENT OF SWALLOWING FUNCTION

Consumer Name: _____ **Age:** _____

Behavioral Characteristics:

☐ Alert ☐ Lethargic
☐ Cooperative ☐ Combative
☐ Impulsive ☐ Neglect R/L
☐ Awareness ☐ Other: _____

Current Nutrition:

☐ Oral ☐ PEG ☐ J-tube
☐ NG ☐ Duo ☐ Other: _____

If non-oral; placement date: _____

If oral; current diet: _____

☐ Puree ☐ Chopped-Diced
☐ Regular ☐ Other: _____

Liquids:

☐ Thin ☐ Thickened
☐ NPO ☐ No Restrictions

Dentition:

☐ Natural ☐ Bridge ☐ Dentures
Natural Conditions: ☐ Good ☐ Fair ☐ Poor
Bridge: ☐ Upper ☐ Lower
Dentures: ☐ Upper ☐ Lower
Bridge/Dentures present: ☐ Yes ☐ No

Oral Motor Examination:

Lips: ***Closure/Strength***
☐ Adequate ☐ Impaired
Retraction/Propulsion
☐ Adequate ☐ Impaired

Tongue: ***Lateralization***
☐ Adequate ☐ Impaired
Elevation
☐ Adequate ☐ Impaired
Protrusion/Retraction
☐ Adequate ☐ Impaired

Mandible: ***Rotary Movement***
☐ Adequate ☐ Impaired
Vertical Movement
☐ Adequate ☐ Impaired

Patient has difficulty with the following consistencies:
☐ Thin Liquids ☐ Chopped-Diced
☐ Thick Liquids ☐ Regular
☐ Puree

Swallowing Problem Observed:

Oral Preparatory/Oral Stage:
☐ Food/liquids fall out of mouth upon intake
☐ Pocketing – L/R/amount sulcus
☐ Slow oral transmit time
☐ Decreased A-P bolus
☐ Decreased sensation

Pharyngeal Phase:
☐ No signs or symptoms of aspirations demonstrated
☐ Food comes out nasal cavity
☐ Laryngeal elevation is decreased
☐ Cough exhibited with intake
☐ Coughing after the swallow
☐ Wet vocal quality observed
☐ Delay in swallow noted

Recommendations:

Diet Consistency:
☐ NPO
☐ NPO for liquids only
☐ Puree ☐ Chopped/diced ☐ Regular
☐ Thin and thick liquids
☐ Thin liquids only
☐ Thickened liquids ☐ Nectar ☐ Honey ☐ Pudding

Supervision:
☐ Independent ☐ Monitor ☐ 1:1

Positioning for Intake:
☐ 90° upright posture ☐ Other:_____

Compensatory Strategies:

☐ Position food to L/R side
☐ Remind to clear pocketing
☐ Tilt head backwards before swallowing
☐ Alternate solids & liquids
☐ Small bites/sips
☐ Slow down rate of intake
☐ Other
  ☐ Dental Consult
  ☐ OT Consult

Comments: _____

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☐ **MBSS not recommended at this time.**
☐ **Modified Barium Swallow Study is needed to further evaluate the pharyngeal phase.**
☐ **Modified Barium Swallow Study for diet upgrade.**

Stamp Plate

_____ _____
Speech/Language Pathologist **Date**