

Name MRN (Patient Identification)	VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298 Stroke Care Plan Swallowing Screen
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Patient is NPO (for all oral medication, fluid, and food) until screened.
Perform screening tasks in order and do not skip any questions; stop when instructed to do so.
Note that other factor besides those listed below may preclude safe swallowing.

SECTION ONE: Screening for Dysphagia			
If "Yes" is the response to statement 1 below, STOP the screening. The patient remains NPO for all oral medication, fluid, and food until able to be tested for swallowing. If the response is "No" in Section One, proceed to Section Two.			
1.	Decreased level of consciousness, unable to follow commands, or severely agitated	<input type="checkbox"/> Yes STOP	<input type="checkbox"/> No
SECTION TWO: Screening Procedure for PO Medication Only			
If "Yes" is the response to either of the statements 2 or 3, STOP the screening. The patient remains NPO until evaluated by a MD, PA, NP or Speech-Language Pathologist. If the response is "No" to all of the statements below, the patient is NPO except for medication with sips of water.			
2.	Give patient a sip (approximately 1 teaspoon) of water to drink Observe for the following: Choking, coughing, drooling, gurgling before, during or after swallow, delay in swallowing, effortful swallow, other signs of swallowing problem, pocketing liquid in mouth or wet voice after the swallow.	<input type="checkbox"/> Yes STOP	<input type="checkbox"/> No
3.	Give patient a half a cup (approximately 60 ml) of water to drink. Let patient drink at own rate Observe for the following: Choking, coughing, drooling, gurgling before, during or after swallow, delay in swallowing, effortful swallow, other signs of swallowing problem, pocketing liquid in mouth or wet voice after the swallow.	<input type="checkbox"/> Yes STOP	<input type="checkbox"/> No
SECTION THREE: Screening Procedure for PO Food or Fluid			
If "Yes" is the response to any of the statements 4-7, STOP the screening. The patient remains NPO for food and fluid until evaluated by a Speech-Language Pathologist or physician. If the response is "No" to all of the statements below, the patient may have a PO diet.			
4.	Patient has aspiration pneumonia	<input type="checkbox"/> Yes STOP	<input type="checkbox"/> No
5.	Prior to admission, patient or caregiver reports difficulty swallowing medications, liquids or solids, or coughing/choking episodes when eating	<input type="checkbox"/> Yes STOP	<input type="checkbox"/> No
6.	Voice has a weak vocal quality (hoarse, wet gurgly voice), or patient has no voice	<input type="checkbox"/> Yes STOP	<input type="checkbox"/> No
7.	Unable to volitionally cough, or abnormal cough, or unable to manage saliva, or excessive drooling or thick profuse secretions	<input type="checkbox"/> Yes STOP	<input type="checkbox"/> No
Relative contraindications for PO food and fluid: The following statements 8-11 are relative contraindications for PO food or fluid, depending on severity of impairment.			
8.	Facial droop, asymmetry of facial features, or inability to close lips or fully retract lips into a smile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Tongue deviation from midline on protrusion, or inability to protrude tongue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	New onset slurred speech (dysarthria)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Oral pocketing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

_____/_____
Printed Name Initials Signature _____/_____
Date and Time of Screening