

LocuTour's Risk Assessment: Dysphagia Checklist

Clinical Features to trigger a referral for further evaluation (Daniels, et al., 1997)

A: 2/6 symptoms indicate a referral for further evaluation is indicated. Pulse-Oxygen levels may also be used to determine current functioning.

- Dysphonia (hoarseness)
- Dysarthria (speech disorder due to muscle weakness)
- Abnormal Volitional Cough (can't or doesn't sound productive)
- Bilateral absence of a gag reflex
- Person coughs after swallowing
- Voice changes after swallowing (gurgle, wet sounding)

P: This client demonstrated

- two or more symptoms this indicates a need for further evaluation. Client will likely need a Modified Barium Swallow (MBS) study.
- fewer than 2 symptoms and normal Pulse-Ox levels. No further evaluation is necessary. Oral feeding is okay. Reassess with any change in clinical status (e.g., new stroke, coughing episode, refusal of foods...)

Dysphagia Triggers (Bailey, 2006)

A: Follow-up evaluation or screening for a possible swallowing disorder is indicated. The following dysphagia triggers were reported or observed in the course of treatment:

- Coughing w/ signs of struggle
- Wheezing
- Wet vocal quality or respirations
- Excessive drooling
- Pocketing of food in the mouth
- Sudden change of color around the lips and face
- Fever (24-48 hours post suspected incident)
- Refusal of foods or liquids
- Watering eyes
- Gagging
- Facial grimacing
- Smell of formula on breath
- Increased residuals

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Dysphagia Risk Levels (Bailey, 2006)

A: Follow-up evaluation or screening for a possible swallowing disorder is indicated. The following dysphagia risks were reported or observed in the course of treatment.

Level 1:

- Patient enterally fed
- Patient with a risk of aspiration as determined by MBS, result greater than 3 on eight-point aspiration risk scale
- Patient with a history of aspiration pneumonia within the past 2 years
- Patient with Asthma

Level 2:

- Patient determined to be a high choking risk by the IDT (Interdisciplinary Dysphagia Team) (behaviors, etc.)
- Patient with pharyngeal and esophageal phase dysphagia
- Patient with a history of aspiration pneumonia in the past 3-5 years.

Level 3:

- Patient with oral phase dysphagia
- Patient with GERD hiatal hernia, reflux, rumination, erosive esophagitis or gastritis
- Patient with a history of aspiration pneumonia

Level 4:

- All other patients
- This level has no diagnosis of dysphagia, GERD, or choking risk

Proposed Diet Levels (National Dysphagia Diet)

A: Follow-up evaluation or screening for a possible swallowing disorder is indicated. The following dysphagia risks were reported or observed in the course of treatment.

- NPO Nothing by mouth
- Intravenous
- Nasogastric (N-G tube)
- Gastrostomy (PEG tube)

- NDD Level 1: Dysphagia-Pureed (homogeneous, very cohesive, pudding-like, requiring very little chewing ability).
- NDD Level 2: Dysphagia-Mechanical Altered (cohesive, moist, semisolid foods, requiring some chewing).
- NDD Level 3: Dysphagia-Advanced (soft foods that require more chewing ability).
- NDD Level 4: Regular (all foods allowed).

Orientation (Check all that apply)

A: The patient was observed to be:

- Non-responsive
- Disoriented, confused
- Agitated
- Emotional, labile
- Oriented
- Alert
- Cooperative