EXCLUSION CRITERIA FOR SWALLOW SCREEN (Check box if any apply):

- Unresponsive
- Tube Feeding
- NPO pre-admit
- Extreme lethargy
- Agitated or combative

If any exclusion criteria present, notify MD to order; NPO status, hold PO meds and considered alternate route and order Dysphagia Evaluation from Speech Therapy.

SWALLOW SCREEN:

RN TO ASSESS PATIENT AND REVIEW MEDICAL RECORD FOR PRESENCE OF ANY OF THE FOLLOWING (CHECK BOX IF PRESENT):

- Coughing or choking on saliva
- Wet, gurgly vocal quality
- Hoarse, breathy or whispered speech
- Excessive saliva production/drooling
- Facial asymmetry/droop
- Variable alertness
- Dysarthria/slurred speech
- Decreased facial sensation/sensory loss
- Reports pocketing food in cheeks
- Reports tongue thrusting foods/liquids out of mouth
- Patient needs frequent suctioning
- Fever especially in the presence of basilar lung sounds

If RN answered YES to one or more of the above (patient failed swallow screen):
- Go to Column II

If RN answered NO to all of the above:
- Sit patient upright 90 degrees with head in neutral position. Give 5ml water by cup.

After 5ml of water, does the patient have absent or delayed swallowing initiation on command?  
- Yes
- No

Does the patient cough?  
- Yes
- No

Does the patient choke?  
- Yes
- No

Does the patient have teary eyes?  
- Yes
- No

Does the patient have wet vocal quality?  
- Yes
- No

If RN answered YES to one or more of the above:
- Go to Column II

If RN answered NO to all of the above:
- Go to Column I

COLUMNS I

I. If passes swallow screen:  
- Passed
- Notify MD to order Diet order

COLUMNS II

II. If fails swallow screen:  
- Failed
- Notify MD to:
  - Cancel diet if ordered
  - Keep NPO
  - Hold PO meds, considered alternate route
  - Order Dysphagia Evaluation from Speech Therapy

Swallow Screen performed by:  
- Signature
- Title
- Date
- Time

All documentation must indicate the specific date and time of entry and a signature complete with identifying credential, title or classification.