DYSPHAGIA SCREEN

MANDATORY FOR ALL ACUTE ISCHEMIC STROKE PATIENTS

**JCAHO QUALITY INDICATOR** Completion of this form is REQUIRED FOR ALL STROKE PATIENTS.

The patient must demonstrate an ability to swallow, as indicated by the following screen, BEFORE receiving food or medication by mouth. If the patient fails this Swallow Screen please consider Speech Therapy for a full evaluation.

1. Is the patient able to sit up at 90°?  □ YES □ NO
2. Is the patient’s voice strong and clear?  □ YES □ NO
3. Is the patient able to manage their own secretions?  □ YES □ NO
4. Is the patient’s face symmetrical, no evidence of drooping?  □ YES □ NO

If you marked NO to any of the above, keep this patient NPO (no food AND medications.) A swallowing evaluation by Speech Therapy is recommended and requires a physician order. Keep patient NPO until Speech Therapy evaluation is complete. If you marked YES to all of the above, proceed with the following questions.

After sitting the patient to 90°, give a sip of water from cup:

5. Does the patient have a wet vocal quality (voice not strong and clear but gurgly)?  □ YES □ NO
6. Does the patient cough or clear their throat?  □ YES □ NO
7. Does the patient have effortful or delayed swallowing (>2 seconds)  □ YES □ NO

If you marked YES to questions 5, 6, and/or 7, keep this patient NPO (no food AND medications.) A swallowing evaluation by Speech Therapy is recommended and requires a physician order. Keep patient NPO until Speech Therapy evaluation is complete.

If you answered NO to questions 5, 6, and/or 7, order or request a diet and request an order for a Speech Therapy follow-up.

Speech Therapy Recommended?  □ Yes □ No

Date: ________________  Nurse Signature: ____________________________________________