



MD or RN SWALLOWING SCREEN (Adults 18 & Older)

The patient must demonstrate an ability to swallow as indicated by the following screen.
BEFORE giving food or medication by mouth.

If the patient fails this MD/RN Swallow Screen please order Speech Therapy for a full evaluation.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the patient able to sit up at least 60°? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is the patient's voice strong and clear? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is the patient able to manage his/her own secretions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you marked NO to any of the above keep this patient NPO (no food AND medications.)
Order a Speech Therapy evaluation including a PSE as needed.

If you marked YES to all of the above, proceed with the following questions.

After giving water by straw:

- | | | |
|---|------------------------------|-----------------------------|
| 4. Does the patient have a wet vocal quality? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does the patient cough? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you marked YES to either of the above (number 4 or 5) keep this patient NPO
(food and medication.) Order a Speech Therapy evaluation including a PSE as needed.

If you answered NO to both of the above (number 4 and 5) order or request a diet and
order for a Speech Therapy follow-up.

Completed by:

Physician's Signature

Date and Time

Name Printed

Physician Number

Beeper Number

RN

Date and Time

