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°? [ ] YES [ ] NO
2. Is the patient’s voice strong and clear? [ ] YES [ ] NO
3. Is the patient able to manage his/her own secretions? [ ] YES [ ] 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? [ ] YES [ ] NO
5. Does the patient cough? [ ] YES [ ] 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