

# ST. JOHN'S

Hospital

Springfield, Missouri

## PHYSICIAN ORDERS

### BEDSIDE DYSPHAGIA SCREEN AND DIET ORDERS

DATE:	TIME:	P400 Ob <sub>3</sub>
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- **Complete during admission assessment and prior to any oral intake**
- **Position patient upright at 90° for screening**
- **If unable to participate in screening due to drowsiness, stuporous, or comatose condition:  
Keep NPO with IV fluids  
Re-screen in 24 hours  
If unable to re-screen: keep NPO, refer to Speech Therapy, and consider non-oral feeding**

Yes    No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Alertness: Eyes open tracks visually, some response to social interaction, follows simple directions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Orofacial Status: Facial symmetry, no lip weakness.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Tongue Movement: Speech is clear, tongue movements are controlled, tongue has adequate ROM            |
| <input type="checkbox"/> | <input type="checkbox"/> | Dentition: Good oral hygiene, no missing molars, if edentulous has adequately fitting dentures.       |
| <input type="checkbox"/> | <input type="checkbox"/> | Manages Secretions: No drooling, swallows saliva.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough: Has voluntary cough when asked to cough or clear throat  |
| <input type="checkbox"/> | <input type="checkbox"/> | Gag Reflex: On stimulation of posterior tongue or pharyngeal wall, a gag reflex is elicited           |
| <input type="checkbox"/> | <input type="checkbox"/> | Observable Swallow: Swallows on command, able to take sips of water by cup and straw.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Normal Voice: No wet, gargly quality. No breathiness produces adequate volume of speech.              |

#### Interpretation:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Pass: Patient has 6 to 7 YES responses and shows no signs of dysphagia after drinking water.                           |
|                          | Fail:  |
| <input type="checkbox"/> | Patient has more than two NO responses or shows signs of dysphagia after drinking water.                               |
| <input type="checkbox"/> | Unable to screen due to drowsiness, stuporous, or comatose condition. Rescreen in 24 hours or refer to Speech Therapy. |

RN signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

#### Physician: **Check appropriate order below and sign to initiate treatment.**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Pass: Regular diet, continue to monitor patient for swallowing difficulties. If any difficulty noted, notify Speech Therapy for swallow eval. Monitor for temperature spikes and abnormal lung sounds as possible indicators of silent aspiration. |
| <input type="checkbox"/> | Fail: NPO<br>Speech eval and treat   |

Physician signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**APPROVED BY: Neurology**

**REVISED: 7/20/05**

**EXPIRES: 12/2007**

GENERIC OR APPROVED THERAPEUTIC SUBSTITUTION AUTHORIZED UNLESS ORDER ASTERISKED.
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