

EASTERN MAINE MEDICAL CENTER

PO Box 404

Bangor, Maine 04402-0404

NURSING DYSPHAGIA SCREEN FOR STROKE

Patient Identification

Complete prior to initial oral intake, including oral medications.		
Assessment and Screening	Documentation	Risks and Protocol
Has patient been kept NPO?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is patient alert, able to participate, able to maintain oxygen saturation above 90% with or without oxygen, or is not intubated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "no" - patient is at risk for dysphagia 1. Keep NPO/no oral medications 2. Obtain order for IV/NG for medications/nutrition 3. When alert, reassess and continue with screening
Is the patient history negative for previous pneumonias or dysphagia diets? Does patient demonstrate: a. strong voice (no hoarse or breathy quality) b. ability to manage secretions without suction c. no facial droop d. ability to produce volitional cough e. non-slurred speech	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	If all answers are "yes", proceed with screening. If any answers are "no" 1. Keep NPO/no oral medications 2. Consult Speech Pathology for swallowing evaluation 3. Follow Speech recommendations 4. Request order for IV/NG for medications/nutrition if Speech Pathology is unavailable for 24 hours
<p style="text-align: center;">Screening:</p> <p>a. Seat patient at 90 degrees with head in neutral position</p> <p>b. Make sure patient has dentures, hearing aids, glasses (if available)</p> <p>c. Water challenge - after each trial, ask patient to vocalize</p> <p>Water challenge:</p> <p>1. 5ml of water by cup</p> <p>2. 10ml of water by cup</p> <p>3. 20ml of water by cup</p>	<p style="text-align: center;">Dysphagia Signs:</p> <p>1. Wet/gurgly voice after a swallow</p> <p>2. Coughing or throat clearing after a swallow</p> <p>3. Holding water in the mouth</p> <p>4. Water leaking from the mouth</p> <p>5. Delayed swallow</p> <p>6. Painful swallow</p> <p>7. Tearing after the swallow</p> <p>8. Shortness of breath</p> <p>9. Any additional concerns: _____</p> <p>_____</p> <p style="text-align: center;">Completed form should be placed in the physician order section of the medical record.</p>	
Admission order per stroke orderset.		
Swallow function normal	Swallow function abnormal	
Place patient on Cardiac Prudent diet	1. Keep NPO 2. Order Speech Pathology swallowing evaluation	
Nursing Signature: _____ Date: _____ Time: _____		



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