STROKE DYSPHAGIA SCREENING

Prior to administration of PO please rate the following six criteria and consult Speech Language Pathology for Clinical Evaluation of Swallowing as warranted

-	\mathbf{A}	В	C
1.Mental Status /	Alert/Adequate	Lethargic/Poor	Obtunded/Unable to Participate
2.Facial Status	Normal Mild asymmetry	Facial Droop Deviated Tongue	Dense Weakness No Movement
3.Breathing	Normal	Labored/Shallow	02 saturation <90%
4.Oral Secretions	Normal	Drooling	Copious
5.Cough	Strong	Weak	Inadequate
6.Voice	Clear	Weak	Weak/Wet
If 6/6 from Column A are circled proceed with PO trial Give patient 3oz WATER trial Then please circle: Signs of aspiration YES NO (wet voice, immediate/delayed coughing) If YES keep pt NPO and consult Speech If NO order PO diet /No speech consult		If any of the above are circled from column B or C keep patient NPO and consult Speech for a Clinical Evaluation	
Recommended feeding options: If NPO is recommended consider Dobhoff tube for temporary nutrition.			
RN/MD Signature: _	Pa	ger #:Date:	Time:
PLEASE CIRCLE: PASSED SCREEN OR FAILED SCREEN OR YES			