



Nursing Dysphagia Assessment Protocol

For Patients **not yet seen** by the Dysphagia Team

_____ swallow was tested at bedside on _____ / _____
Patient's Name **Date** **Time**
(DD/MM/YYYY)

All of the following **assessment** criteria were met:

The patient:

- Has not been assessed by or is **NOT** being followed by the Dysphagia Team and the Team is unavailable for more than 24 hours.
- Is NPO and not otherwise being nourished or patient has passed a Nursing Dysphagia Assessment in the past 48 hours for puree only diet (no liquids)
- Is able to sit upright and remain alert for at least 20 minutes
- Is able to manage his / her secretions through swallow
- Is medically stable
- Has clear voice prior to feeding trials / can voice on command
- Does not have a tracheostomy
- Has an effective cough

Test Food (select one only): Applesauce or pudding (initial testing for NPO patient)
 Thickened liquid, honey consistency (follow up testing only 24-48 hours after passing puree trials)

Amount	Laryngeal Evaluation Palpated ? Yes / No	Reflex Time: Seconds	Voice: Clear	Voice: Wet	Voice: Hoarse	Voice: Tight	Cough? Yes/ No	Throat Clear? Yes/No	Other
1/2 tsp									
1/2 tsp									
1/2 tsp									
1 tsp									
1 tsp									
1 tsp									

Based on the above, the following diet is advised: (circle one)

- Maintain NPO Puree with no liquids (thick or thin) Puree with thickened liquids

Tested by: _____ / _____
Print Name Signature