INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION
(Please Stick Label)

DYSPHAGIA SCREENING FORM

WARD : .....

No

- ☐ Reduced/ fluctuating level of consciousness
- ☐ Poor respiratory status
- ☐ Poor chest condition
- ☐ Ineffective cough
- ☐ Poor ability to manage secretions/

Yes → Patient NBM
Try one more time within next 24hr
If condition persistent, give alternative feeding & refer SLP

SIT PATIENT UPRIGHT
Give one teaspoon of water

Problems ☐ →
- ☐ No attempt to swallow
- ☐ Water leaks straight out of the mouth
- ☐ Choking/Coughing
- ☐ Breathlessness

→ Patient NBM Refer to SLP

☐ No problems

Give 2nd teaspoon of water

Problems ☐ →
- ☐ Water leaks straight out of the mouth
- ☐ Choking/Coughing
- ☐ Breathlessness
- ☐ Wet/ gurgly voice afterwards
- ☐ Any other reason you feel swallow is unsafe

→ Patient NBM Refer to SLP

☐ No problems

Give 3rd teaspoon of water

Problems ☐ →
- ☐ Water leaks straight out of the mouth
- ☐ Choking/Coughing
- ☐ Breathlessness
- ☐ Wet/ gurgly voice afterwards
- ☐ Any other reason you feel swallow is unsafe

→ Patient NBM Refer to SLP

☐ No problems

Give ½ a glass (90ml) of water

Problems ☐ →
- ☐ Water leaks straight out of the mouth
- ☐ Choking/Coughing
- ☐ Breathlessness
- ☐ Wet/ gurgly voice afterwards
- ☐ Any other reason you feel swallow is unsafe
- ☐ Takes longer than 10 seconds

→ Patient NBM Refer to SLP

☐ No problems

* if OK – order diet of choice.
* Always make sure patients are sat well up before attempt to feed
* Observe patient eating the meal
* Repeat assessment if the patient's condition DETERIORATES. Any concern refer to SLP
* If no concerns, continue and maintain vigilance daily

Refer to SLP: YES ☐ NO ☐ Date of referral _____

NBM : Nil By mouth SLP : Speech and Language Pathologist

Assessor :	Doctor :
Name / Stamp : _____	Name / Stamp : _____
Signature : _____	Signature : _____
Date : _____ Time : _____	Date : _____ Time : _____

Adapted from : Dysphagia Screening Tool, Ministry of Health Malaysia