

Name _____

Date _____

Swallowing Precautions

Food: _____

Fluids: _____

Medications: _____

Assistance: _____

Positioning:

- Must sit upright while eating and for
____ minutes afterwards

- _____

Oral Care: _____

Swallowing Strategies:

- Ensure patient is alert

- _____

- _____

Report concerns to:

SLP/OT _____ Contact Info _____