

CLINICAL BEDSIDE SWALLOWING ASSESSMENT

Patient: _____ Date: _____

Note: Complete Cognitive and Communication portions of Speech Screening. Specifically note abilities to follow 1-3 step directions, answer yes/no questions, sustain attention, recall from short-term memory and note speech production

A. OBSERVATIONS: Patient Status and Abilities

	Y	N		Y	N
Is able to independently feed him/herself?			Is able to get out of bed?		
Is able to ambulate independently?			Is able to consume at least ½ of meal?		
Is on a mechanical ventilator? How long?:			Is able to brush teeth/clean mouth himself?		
Alert			Lethargic		
Cooperative			Uncooperative		
Aware of Difficulty			Unaware of difficulty		
Poor Posture/ Positioning			Other:		

B. REPORTS: By Patient, Family or Staff

	Y	N		Y	N
Reports problems with liquids more than thicker foods			Reports indigestion or burning near sternum		
Reports problems with thicker foods more than liquids			Reports coughing or choking while eating/drinking		
Reports problems swallowing pills			Reports runny nose after eating/ liquid reflux through nose?		
Reports feeling "lump" in throat or pain with swallow			Reports acid or metallic taste in mouth upon waking		
Reports wet or gurgly voice after swallowing			Reports taking a long time to eat		
Reports increased phlegm or mucus after swallowing			Reports throat clearing after swallowing		
Reports pocketing or finding food in mouth after swallow			Reports dry mouth		
When do the swallowing problems occur? <input type="checkbox"/> Frequently <input type="checkbox"/> Infrequently <input type="checkbox"/> Daily <input type="checkbox"/> During eating <input type="checkbox"/> After eating <input type="checkbox"/> During drinking <input type="checkbox"/> After drinking					
Do the swallowing problems occur during specific meals? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner					
Do the swallowing problems occur during certain times of the day? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening					
How long have you had this problem? <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years					
Did the problem occur gradually or suddenly? <input type="checkbox"/> Gradually <input type="checkbox"/> Suddenly					
Are some foods easier to swallow? If so – what foods? List here:					
Are some foods more difficult to swallow? If so- what foods? List here:					

NOURISHMENT INTAKE STATUS:

- | | |
|--|---|
| <input type="checkbox"/> Oral Feeding (PO) | <input type="checkbox"/> Non-Oral Feeding (NPO) |
| <input type="checkbox"/> Regular diet | <input type="checkbox"/> PEG |
| <input type="checkbox"/> Thin liquids | <input type="checkbox"/> Nasogastric Tube |
| <input type="checkbox"/> Thickened liquids | <input type="checkbox"/> IV |
| <input type="checkbox"/> Pureed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mechanical Soft | |
| <input type="checkbox"/> Finely Ground | <input type="checkbox"/> Calorie Supplements |
| <input type="checkbox"/> Chopped | |
| <input type="checkbox"/> Solids | |

C. DYSPHAGIA ASSESSMENT:

Oral-Motor Evaluation CNA

1. **Structure:** Note any abnormalities: _____

	Y	N		Y	N
Endentulous			Dental cavities apparent		
Dentures (___partials, ___uppers, ___lowers)			Wears dentures when eating		
Dentures in during evaluation			Inflammation around teeth		
Natural upper teeth			Missing teeth		
Natural lower teeth			Teeth are decayed/ discolored		

2. **Awareness/Control of Secretions:** ___drooling ___excess secretions in mouth ___wet breath sounds

3. **Assessing Jaw, Lips, Tongue and Cheeks**

Jaw CNA

	WNL	-L	-R		WNL	-L	-R
Opens & closes jaw				Opens & closes jaw w/ mild pressure			
Ability to open mouth adequately: "Open your mouth as wide as possible"				Ability to rapidly open and close the mouth: "Open and close your mouth as quickly as possible". WNL= 2 reps per second			
Ability to lateralize the jaw: "Move your jaw to the right, then to the left"							

Labial Function CNA

	WNL	-L	-R		WNL	-L	-R
Lip closure at rest				Holds air in cheeks:"Puff out cheeks"			
Retraction: Smile "Please smile"				Protrusion: Pucker "Pucker as if you were about to kiss someone"			
Lip round /u/ "Please round your lips"				Rapid protrusion/ retraction (3 seconds): "Pucker and smile as fast as you can until I say stop. WNL: 2 sets of alternating movements in 3 seconds"			
Lip smacking "Smack your lips together"							
Rapid Closure: Say "puh, puh, puh" as fast as you can. WNL: 6 reps in 3 seconds							
Strength: Remove tongue depressor from between closed lips				Sensitivity (upper & lower right, upper and lower left). Touch areas of lips and note any sensitivity.			

Lingual Function () CNA

	WNL	-L	-R		WNL	-L	-R
Protrusion: "Stick out your tongue" WNL: Fully extended midline protrusion for 2 seconds		---	---	Tip Depression: To floor of mouth: "Open your mouth. Put the tip of your tongue behind your bottom teeth". To lower lip: "Try to reach your chin with your tongue".			
Lick Lips				Tip Elevation: To hard palate - "Open your mouth. Put the tip of your tongue to the roof of your mouth behind your teeth". To upper lip - "Try to reach your nose with your tongue".			
Lateralization to corners: Left & Right				Repetitive elevation of back /kuku/			
Lateralization to buccal cavities : Left & Right				Repetitive elevation of tip /tututu/			
Rapid left/right lateralization: Move your tongue from corner to corner of your lips as fast as you can. WNL: at least 3 reps				Retraction: "Pull your tongue as far back into your mouth as you can"			
Strength: Asking the patient to position the tongue in the following manner.							
Tip against tongue depressor		---	---	Left side of tongue against tongue depressor		---	---
Right side of tongue against tongue depressor		---	---	Elevated blade against tongue depressor		---	---
Tongue in left cheek against finger resistance		---	---	Tongue in right cheek against finger resistance		---	---
Tough Sensitivity: Ask the patient to close his eyes. Tell patient: "I'm going to touch your tongue in different spots with this swab (or tongue depressor). Let me know if you can feel the touch." With a cotton-tipped swab or tongue depressor, touch the following locations and record patient response.							
Left Anterior Third		---	---	Right Anterior Third		---	---
Left Middle Third		---	---	Right Middle Third		---	---
Left Posterior Third		---	---	Right Posterior Third		---	---

(- = deviation/ decreased)

4. Soft Palate () CNA

	WNL	-L	-R
Deviation from midline: Observe palate at rest			
Ability to raise palate: "Say, ah" - note symmetry in elevation			
Ability to sequentially raise and lower palate: Say, "Ah, ah, ah".			
Touch Sensitivity: Palatal Gag Reflex: Touch soft palate with a tongue depressor		Diminished	Hypersensitive
Resonance: ____normal ____hypernasal ____hyponasal			

5. Cheeks () CNA

	WNL	-L	-R		WNL	-L	-R
Facial Symmetry: Observe facial symmetry at rest				Ability to symmetrically puff cheeks: "Puff out your cheeks"			

6. Oral Mucosa

___moist ___dry ___phlegm ___thick mucus ___foul smell / mouth odor

Laryngeal Examination ()CNA

Tracheostomy Tube _____ Y N ___Cuffed ___Uncuffed
Finger occluded PM valve Other: _____

Vocal Quality: normal hoarse breathy wet/gurgly

Volitional Cough: strong weak absent

Throat Clearing: strong weak absent

Volume Control: ___Noticeable changes in loudness +/- ___Ability to control loudness +/-

Phonation Time: # of seconds prolonged /a/: _____

Respiratory Status ()CNA

Patient can hold breath for ___ seconds

Predictors of Aspiration

- ___ Reclining/Lying
- ___ Dysphonia/ Aphonia
- ___ Reduced / Absent Laryngeal elevation
- ___ Wet spontaneous cough
- ___ Abnormal palatal gag
- ___ Secretion mismanagement

Predictors of Aspiration Pneumonia

- ___ Dependent for feedings
- ___ Dependent for oral care
- ___ Number of decayed teeth
- ___ Tube feeding (all types)
- ___ Multiple medical diagnoses
- ___ Smoking now
- ___ Number of medications (>10)

PO TRIALS:

To reduce the risk of aspiration and choking, the following precautions should be observed:

- Select thin liquids and then progress to thicker liquids as tolerated for the patient who is alert and currently on an oral diet
- Select thickened liquids then progress to thinner liquids for the patient who is NPO, has poor oral skills, or decreased cognitive status
- Select blended consistencies of food such as applesauce or mashed potato consistency for the patient who is NPO, has oral or pharyngeal deficits or exhibits decreased cognitive status
For safe swallowing, the following utensils should be selected
- A spoon for the patient who is NPO, has poor oral or pharyngeal skills, and exhibits decreased cognitive status, so that the amount and rate at which the patient consumes food or liquid may be controlled
- A cup, straw, fork or spoon for the patient who is alert and on an oral diet
Assess stimulability with compensatory strategies to determine if patient can compensate for difficulties

After each swallow, ask the patient to count from 1 to 5 to determine changes in voice quality/ wetness, etc.

Texture →	Thin Liquid			Thick Liquid Nectar Honey Pudding (circle one)			Thick Liquid Nectar Honey Pudding (circle one)			Pureed	Ground Or Chopped (circle one)	Mech. Soft	Solid/ Regular
	3cc	5cc	Cup	3cc	5cc	Cup	3cc	5cc	Cup	-----	-----	-----	-----
Ability to prepare & manipulate bolus													
Labial closure	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Mastication	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Struggle while chewing?	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Able to form bolus	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Residual food on tongue	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Residual food on hard palate	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Residual food in buccal cavities	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Lingual function	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Oral transit time	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Ability to maintain bolus													
Back of tongue control	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Labial closure	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Cheeks	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Food leaks/pushed out of mouth	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Clears oral cavity in one swallow	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Number of swallows per bolus													
Oropharyngeal phase													
Swallow Initiation N=WNL D=Delayed	N / D			N / D			N / D			N / D	N / D	N / D	N / D
Nasal regurgitation	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Laryngeal characteristics													
Vocal quality (W= wet)	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Coughing/throat clearing	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
Laryngeal elevation	+ / -			+ / -			+ / -			+ / -	+ / -	+ / -	+ / -
A= absent, D= delayed, I=incomplete													
Other													
Respiration Changes	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No
Fatigue	Yes No			Yes No			Yes No			Yes No	Yes No	Yes No	Yes No

Key: + skill is adequate - skill is inadequate N/A not applicable for that texture

Compensatory Techniques:

Postural Strategies: **CD** Chin Tuck **HR** Head Rotation (L/R) **CU** Chin Up

Swallow Maneuvers: **SS** Supraglottic Swallow **SSS** Super-supraglottic Swallow **ES** Effortful Swallow **MS** Mendelsohn Maneuver

Sensory Strategies: **SB** Sour Bolus **SWB** Sweet Bolus **CB** Carbonated Bolus

Other Strategies: **BS** Bolus Size **EP** External Pressure

NOTES

Summary of S/S of Dysphagia Observed
<input type="checkbox"/> Pt has food or liquid falling outside of mouth <input type="checkbox"/> Pt has food/liquid residue in oral cavity after swallowing
<input type="checkbox"/> Pt has food/liquid that gets stuck inside of cheek <input type="checkbox"/> Pt has wet/gurgle voice quality after swallowing
<input type="checkbox"/> Pt coughs while eating/drinking <input type="checkbox"/> Pt coughs after eating/drinking
<input type="checkbox"/> Pt clears the throat while drinking liquids/eating foods <input type="checkbox"/> Pt clears throat after drinking liquids/eating foods
<input type="checkbox"/> Pt chokes while eating food or drinking liquids <input type="checkbox"/> Pt chokes after eating food or drinking liquids
<input type="checkbox"/> Pt makes an effortful face while swallowing food or liquid
<input type="checkbox"/> Pt has a lot of phlegm and congestion after eating food or drinking
<input type="checkbox"/> Pt c/o pain in throat area or food/liquid getting stuck in throat
<input type="checkbox"/> Pt coughs before swallowing when food/liquid is inside the mouth

Recommendations for Active Therapy (exercises can be found in Treatment of Dysphagia in Adults by Hegde and Provencio, 2006)

<p><input type="checkbox"/> PO Diet Recommendations</p> <p>Liquids: <input type="checkbox"/> Thin <input type="checkbox"/> Nectar thick <input type="checkbox"/> Honey thick <input type="checkbox"/> Pudding thick Solids: <input type="checkbox"/> Pureed <input type="checkbox"/> Mechanical Soft <input type="checkbox"/> Finely Ground <input type="checkbox"/> Regular</p>	<p><input type="checkbox"/> NPO</p>
<p>General Treatment Procedures/ Strategies</p> <p><input type="checkbox"/> Cheek Push <input type="checkbox"/> Mouth Rinse <input type="checkbox"/> Strong Hold Food <input type="checkbox"/> Multiple Swallows <input type="checkbox"/> Alternating Solids & Liquids <input type="checkbox"/> Empty Mouth</p>	<p>Oral Dysphagia</p> <p>Increasing Oral Sensitivity</p> <p><input type="checkbox"/> Large Bolus Strategy <input type="checkbox"/> Textured Bolus Strategy <input type="checkbox"/> Sour Bolus Strategy <input type="checkbox"/> Cold Bolus Strategy <input type="checkbox"/> Spoon Press Strategy <input type="checkbox"/> Thermal-tactile Stimulation</p>
<p>Oral Preparatory Phase</p> <p>Increasing Oral Sensitivity</p> <p><input type="checkbox"/> Cold/Warm Lip Rub <input type="checkbox"/> Soft Lip Press <input type="checkbox"/> Bitter Press <input type="checkbox"/> Iced Cheek Technique <input type="checkbox"/> Washcloth Rub <input type="checkbox"/> Cold Inner Cheek Rub <input type="checkbox"/> Toothbrush Rub <input type="checkbox"/> Tongue Tickle <input type="checkbox"/> Back Tongue Tickle</p>	<p>Improving Anterior to Posterior Movement of Bolus</p> <p><input type="checkbox"/> Tongue Squeeze Exercise <input type="checkbox"/> Swab Swipe Exercise <input type="checkbox"/> Middle Tongue Pop <input type="checkbox"/> Posterior Food Position Strategy <input type="checkbox"/> Dump & Swallow <input type="checkbox"/> Midline Food Position Strategy <input type="checkbox"/> Dump & Swallow w/ Supraglottic Swallow Strategy <input type="checkbox"/> Food Hold Strategy</p>
<p>Improving Strength & ROM of the Lips & Cheeks</p> <p>Strengthening the lips</p> <p><input type="checkbox"/> Lip Squeeze Exercise <input type="checkbox"/> Lip Rub Exercise <input type="checkbox"/> Lower Lip Push-up Exercise <input type="checkbox"/> Close/Open Lip Exercise <input type="checkbox"/> Pucker & Smile Exercise <input type="checkbox"/> Tight Lip Exercise <input type="checkbox"/> Big Smile Exercise</p> <p>Strengthening the cheeks</p> <p><input type="checkbox"/> Cheek Puff Exercise <input type="checkbox"/> "Oh" Lips Exercise <input type="checkbox"/> Side Pucker Exercise <input type="checkbox"/> Head Tilt Exercise</p>	<p>Improving Tongue Base Control</p> <p><input type="checkbox"/> Back Tongue Push-Up <input type="checkbox"/> /k/ Tongue Production Exercise <input type="checkbox"/> Out/In Tongue Exercise <input type="checkbox"/> Modified Tongue Tip Sweep <input type="checkbox"/> Big Yawn Exercise <input type="checkbox"/> Dry Gargle Exercise <input type="checkbox"/> Mendelson Maneuver <input type="checkbox"/> Chin Tuck Strategy <input type="checkbox"/> Reduced Bolus Size <input type="checkbox"/> Effortful Swallow Strategy <input type="checkbox"/> Super-Supraglottic Swallow Strategy <input type="checkbox"/> Tongue Anchor Exercise/ Masako Maneuver</p>
<p>Improving Tongue Movements</p> <p>Improving tongue movements/ lateralization</p> <p><input type="checkbox"/> Side to Side Tongue Wag <input type="checkbox"/> Side Tongue Hold Exercise <input type="checkbox"/> Teeth Sweep Exercise <input type="checkbox"/> Tongue-to-Cheek Push Exercise <input type="checkbox"/> Lateral Tongue Push Exercise <input type="checkbox"/> Lateral Chew Exercise <input type="checkbox"/> Tongue Press Exercise <input type="checkbox"/> Head Tilt Strategy</p> <p>Improving tongue tip elevation</p> <p><input type="checkbox"/> Tongue Tip Push Exercise <input type="checkbox"/> Toothette Squeeze Exercise <input type="checkbox"/> Anterior Tongue Click <input type="checkbox"/> Tongue Tip Sound Production <input type="checkbox"/> Tongue Tip Swipe</p> <p>Improving tongue movement for bolus formation</p> <p><input type="checkbox"/> Chewing Gum/ Licorice Exercise <input type="checkbox"/> Lateral Tongue Push <input type="checkbox"/> Middle Tongue Push Exercise <input type="checkbox"/> Back Tongue Push-up</p> <p>Improving ROM of tongue movement</p> <p><input type="checkbox"/> Circular Dry Gauze Chew <input type="checkbox"/> Tongue Bowl Lift Exercise <input type="checkbox"/> Tongue Bowl Slide <input type="checkbox"/> Head Forward Position Strategy <input type="checkbox"/> Food Hold Strategy</p>	<p>Pharyngeal Phase</p> <p>Improving Initiation of Pharyngeal Phase</p> <p><input type="checkbox"/> Chin Down Strategy <input type="checkbox"/> Thermal-Tactile Stimulation <input type="checkbox"/> Suck Swallow Strategy <input type="checkbox"/> Textured Bolus Strategy <input type="checkbox"/> Sour Bolus Strategy <input type="checkbox"/> Cold Bolus Strategy <input type="checkbox"/> Small Bolus Strategy</p> <p>Reducing Residue in the Valleculae</p> <p><input type="checkbox"/> Effortful Swallow Exercise <input type="checkbox"/> Mendelson Maneuver <input type="checkbox"/> Modified Tongue Anchor Exercise <input type="checkbox"/> Big Yawn Exercise <input type="checkbox"/> Supraglottic Swallow Exercise <input type="checkbox"/> Lying Down on Side <input type="checkbox"/> /k/ Tongue Production Exercise <input type="checkbox"/> Dry Gargle Exercise</p> <p>Reducing Residue in the Pharynx</p> <p><input type="checkbox"/> Tongue Anchor Exercise <input type="checkbox"/> Lying Down on Side Exercise <input type="checkbox"/> Head Turn Exercise <input type="checkbox"/> Head Tilt Strategy</p>
<p>Presentation of Medications</p> <p><input type="checkbox"/> Whole: pills/tablets whole followed by liquids/ applesauce <input type="checkbox"/> Crushed: pills/ tablets crushed and mixed with applesauce <input type="checkbox"/> No liquid medication <input type="checkbox"/> Hold tube feedings _____ prior to oral feedings</p>	<p>Increasing Laryngeal Closure</p> <p><input type="checkbox"/> Pulling Exercise <input type="checkbox"/> Pushing Exercise <input type="checkbox"/> Valsalva Maneuver Exercise <input type="checkbox"/> Super-Supraglottic Swallow <input type="checkbox"/> Supraglottic Swallow <input type="checkbox"/> Chin Down Exercise <input type="checkbox"/> Head Turn Exercise <input type="checkbox"/> Head Turn with Chin Down</p> <p>Increasing Laryngeal Elevation</p> <p><input type="checkbox"/> Falsetto/Pitch Exercise <input type="checkbox"/> Mendelsohn Maneuver <input type="checkbox"/> Super-Supraglottic Swallow <input type="checkbox"/> Supraglottic Swallow Exercise</p>

IMPORTANT FEEDING RECOMMENDATIONS

CLIENT'S NAME: _____ **DATE:** _____ **ROOM #:** _____
_____ Eat with Supervision _____ Eat Independently

TABLESIDE OBSERVATIONS:

<input type="checkbox"/> Coughing/ choking on liquids	<input type="checkbox"/> Poor self feeding, drinking	<input type="checkbox"/> Large bites
<input type="checkbox"/> Coughing/ choking on foods	<input type="checkbox"/> or cutting/ utensils skills due	<input type="checkbox"/> Multiple bites before
<input type="checkbox"/> Pocketing of food Right/Left	<input type="checkbox"/> to impaired motor skills	<input type="checkbox"/> swallowing
<input type="checkbox"/> Unable to form bolus	<input type="checkbox"/> Multiple swallows	<input type="checkbox"/> Drooling
<input type="checkbox"/> Avoids certain foods	<input type="checkbox"/> Poor vocal quality after swallow	<input type="checkbox"/> Oral residue
<input type="checkbox"/> Other _____	<input type="checkbox"/> Reduced speed of swallow	

MAY NEED HELP WITH:

Tray Setup Thickening liquids Placing mirror Cutting food

RECOMMENDED DIET:

Regular/ Solids Thick liquids [pudding thick honey thick nectar thick]
 Mechanical Soft Thin liquids
 Ground No liquids by mouth
 Pureed

FEEDING TECHNIQUES:

<input type="checkbox"/> Encourage small bites (<input type="checkbox"/> teaspoon per bite)	<input type="checkbox"/> Check for pocketing (lingual search)
<input type="checkbox"/> Reduced rate of eating	<input type="checkbox"/> Swallow <input type="checkbox"/> times after each bite or sip
<input type="checkbox"/> Keep chin down while swallowing	<input type="checkbox"/> Alternate liquids with solids
<input type="checkbox"/> Turn head to Right / Left	<input type="checkbox"/> Adaptive feeding equipment needs i.e., _____
<input type="checkbox"/> Tilt head to Right / Left	_____
<input type="checkbox"/> Add Tick-it to liquids (<input type="checkbox"/> spoons per <input type="checkbox"/> ozs.)	

TRAY SETUP

<input type="checkbox"/> Place mirror right/left	<input type="checkbox"/> Remove straw
<input type="checkbox"/> Place dishes right/left	<input type="checkbox"/> Check that food is consistent with diet order
<input type="checkbox"/> Cut food into small pieces	<input type="checkbox"/> Complete calorie count
<input type="checkbox"/> Thicken liquids to consistency of nectar/stiff milk shake/ pudding	
<input type="checkbox"/> Other _____	

VERBAL DIRECTIONS (if supervised) / NEEDS TO REMEMBER (if eating independently):

<input type="checkbox"/> Concentrate on each swallow	<input type="checkbox"/> Use thermal stimulation of swallowing reflex
<input type="checkbox"/> Take small bites/sips	<input type="checkbox"/> Check mouth for "pocketing" of food
<input type="checkbox"/> Pause between bites/sips	<input type="checkbox"/> Clear mouth completely prior to next bite
<input type="checkbox"/> Place food right/left side/back of mouth	<input type="checkbox"/> Chew each bite thoroughly
<input type="checkbox"/> Refrain from talking while chewing/swallowing	<input type="checkbox"/> Swallow _____ times each bite.
<input type="checkbox"/> Other _____	

POSITIONING

<input type="checkbox"/> Seat at approximately a 90° angle	<input type="checkbox"/> Tilt head down/right/left/back
<input type="checkbox"/> Chin tuck	<input type="checkbox"/> Turn head right/left
<input type="checkbox"/> Other _____	

NURSING- ADMINISTRATION OF MEDICATION:

<input type="checkbox"/> Crush in pudding/sherbet/ice cream or _____	<input type="checkbox"/> Place right/left side/back of mouth
<input type="checkbox"/> No water	<input type="checkbox"/> Turn head right/left
<input type="checkbox"/> Provide through feeding tube	
<input type="checkbox"/> NO PILLS by mouth	
