

# APPENDIX 10-B

## Speech-Language Pathologist Bedside Dysphagia Evaluation

PROGRESS NOTES	DOCTOR'S ORDERS
Date: _____ Time: _____	Date: _____ Time: _____
<b>Speech-Language Pathology</b>	
<b>Bedside/Clinical Dysphagia Evaluation</b>	
Orders received and chart reviewed.	
<b>Clinical Swallowing Diagnosis:</b>	
Pt given: Thin, nectar, honey, pudding, pureed, mixed, solids	
Observation of oral-phase swallowing:	
<input type="checkbox"/> No signs/symptoms of pharyngeal dysphagia	
OR	
<input type="checkbox"/> Signs/symptoms of possible pharyngeal dysphagia:	
Coughing/throat clearing	
Wet vocal quality	
Dysarthria	
Multiple swallows	
Other:	
Patient's cognitive-communicative skills:	
<b>Recommendations:</b>	
Speech-language pathologist signature	