

# DYSPHAGIA MEDICAL WORK-UP

**Medical Diagnosis:** \_\_\_\_\_ **Skilled Rehab Treatment Diagnosis:** \_\_\_\_\_

**I have examined the resident below and found him/her to have a suspected swallowing disorder involving the:**

- ☐ Oral phase
 ☐ Pharyngeal phase
 ☐ Esophageal phase

**Based on my examination and collaboration with the Therapist, the potential for dysphagia rehabilitation is expected to be:**

- ☐ Excellent
 ☐ Good
 ☐ Fair
 ☐ Poor

**Description of resident's level of:**

Alertness: \_\_\_\_\_

Cognition: \_\_\_\_\_

Motivation: \_\_\_\_\_

Deglutition: \_\_\_\_\_

**Indicate which of the following conditions are present and justify Skilled Rehab services for dysphagia treatment:**

**History of:**

☐ Aspiration pneumonia
 ☐ Aspiration problems

☐ Feeding tubes - Type: \_\_\_\_\_ Purpose: \_\_\_\_\_ How long: \_\_\_\_\_

Are tubes still present? ☐ No ☐ Yes Why? \_\_\_\_\_

**High risk for:**

☐ Aspiration
 ☐ Nocturnal Aspiration
 ☐ Aspiration Pneumonia

☐ Reverse Aspiration
 ☐ Silent Aspiration
 ☐ Nasal Regurgitation

☐ Chronic Aspiration
 ☐ Choking
 ☐ Weight Loss

**Presence of the following:**

- ☐ Drooling
 ☐ Oral food retention
- ☐ Leakage of food or liquids placed in mouth
 ☐ Frequent coughing on food
- ☐ Impaired salivary gland performance
 ☐ Delayed / slow swallow reflex
- ☐ Severe wet vocal quality
- ☐ Presence of local structural lesions in the pharynx, resulting in marked oropharyngeal swallowing difficulties
- ☐ Post-surgical outcome affecting ability to adequately use oropharyngeal swallowing structures
- ☐ Significant weight loss directly related to oral or non-oral nutritional intake, including reaction to food textures and/or consistencies. Amount of weight loss: \_\_\_\_\_
- ☐ Postural incoordination
 ☐ Sensation or perception loss

**Existence of following condition(s):**

- ☐ Presence of tracheostomy tube
 ☐ Reduced or inadequate laryngeal elevation
- ☐ Cricopharyngeal dysfunction
 ☐ Reduced or inadequate lip closure
- ☐ Reduced or inadequate laryngeal closure
 ☐ Reduced or inadequate velopharyngeal closure
- ☐ Neuromotor disturbance(s) affecting oropharyngeal abilities, which are necessary to close the buccal cavity and/or bite, chew, suck, shape & swallow the bolus, while protecting the airway

☐ Videofluoroscopic Assessment was previously performed with the following results:

\_\_\_\_\_

☐ Videofluoroscopic Assessment is now indicated because: \_\_\_\_\_

☐ Videofluoroscopic Assessment is not indicated currently.

Other pertinent clinical observations, symptoms, and/or medical indicators warranting skilled rehabilitation services:

\_\_\_\_\_

**Therapist Signature and Discipline:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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