McLaren Business Products

McLaren Print System Order

Order No: 60452
Order Date: 2021-02-19
User: Susan Hillger
Phone: 248-866-2048

Ship Location: McLaren PT (Janel Anderson)
G-3239 Beecher Rd
Flint , MI 48532
Forms
Quantity: 500
Paragon Dept No: 38260
Dept Name: McLaren Flint - NRI
Company Number: 60

Order Total Price: 0.00

Item Number: 17811
Item Description: Outpatient Bedside Swallow Evaulation
Revision Date: 1/2015
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

Spec Info:

McLaren Flint - Neurological Rehabilitation Institute
Speech Language Pathology
Outpatient Bedside Swallow Evaluation

Date:
Name: DOB: Age:
Date of Onset:
Medical Diagnosis: Communicative Diagnosis:
Clinician:
History:

Hearing Screening: WFL Other:
Current Diet: General texture, thin liquids Other:
NG-tube Yes No PEG-tube Yes No
Recent weight loss: Yes No Hx of Aspiration: Yes No

MOTOR SPEECH EXAMINATION

Cranial Nerves Assessment:	
Phonation duration (10-30sec)	Lips(ROM/Strength/Coordination)
Tongue (ROM/Strength/Coordination)	Palate(spontaneity)
Sensation:	Mandible:

Trial foods/liquids used for clinical swallow evaluation: thin nectar thick honey thick
puree mechanical soft-ground mechanical soft-chopped solid

Oral Phase: cup use: WFL Not Safe Straw: WFL Not Safe
Dentition: Natural Edentulous Upper/Lower dentures Partial dentures
Oral Hygiene: Good Fair Poor
Mastication: WFL Impaired
Bolus formation: WFL Impaired
Pocketing: NO YES
Needs Diet Modifications: NO YES
Needs Physical Assist: NO YES
Oral Residual/Pocketing: NO YES
Pharyngeal Phase:
Delayed swallow Reflex: NO YES, suspect a delay upon palpation
Double swallow as needed: WFL NO
Piecemeal swallow: NO YES
Laryngeal Function:
Laryngeal Elevation: WFL decreased weak
Change in vocal quality: NO YES Voice WNL breathy hoarse wet
Reflex cough: NO YES (immediate after po ____ or delayed po ____)
Voltional cough: WNL weak
Reflex throat clearing: NO YES
Gastroesophageal Phase: No Clinical Reflux signs observed Clinical Reflux signs observed
hoarse voice excessive phlegm foamy saliva effortful initiation of swallow
loss of appetite repeated reflexive throat clearing before, during or after clinical swallow assessment

OUTPATIENT BEDSIDE SWALLOW EVALUATION

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