

Fees Assessment Report

Patient Name: Hospital Number:
 Date of Birth Date of Assessment:
 Consultant Lead Therapist

Diagnosis:
 Other relevant Medical / Surgical History:

Recommendations

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-
-
-
-

Consistencies Outcome

Ice chips _____
 Thin _____
 Thick Syrup _____
 Thick custard _____
 Puree _____
 Solid _____
 Tablet _____

Summary of Assessment

A Nasopharynx Comments

Anatomy WNL / ONL _____
 Symmetry of Closure WNL / ONL _____
 Degree of closure WNL / ONL _____
 Speed of closure WNL / ONL _____
 Closure pattern Circular / Coronal _____
 Lateral / P.Ridge _____

B Base of Tongue

Anatomy WNL / ONL _____
 Symmetry of movement WNL / ONL _____
 Speed of movement WNL / ONL _____
 Range of movement WNL / ONL _____

C Hypopharynx

Anatomy WNL / ONL _____
 Symmetry WNL / ONL _____
 Speed of movement WNL / ONL _____
 Range of movement WNL / ONL _____

D Larynx

Anatomy WNL / ONL _____
 Symmetry at rest WNL / ONL _____
 Speed of abduction WNL / ONL _____
 Rate of movements WNL / ONL _____
 Symmetry of closure & phonation WNL / ONL _____
 Vocal fold lengthening WNL / ONL _____
 Vertical laryngeal movement WNL/ ONL _____

Assessment Information

E Airway Protection *(Murray 1999)*

Breath holding not achieved
 Transient breath holding with glottis open
 Sustained breath holding with glottis open
 Transient true fold closure
 Sustained true fold closure
 Transient true and ventricular fold closure
 Sustained true and ventricular fold closure
 Vocal fold closure on voluntary cough
 Comments:

F Secretion Rating *(Murray 1999)*

- O Normal rating: ranges from no visible secretions anywhere in the hypopharynx, to some transient secretions visible in the valleculae and pyriform sinuses. These secretions are not bilateral or deeply pooled.
1. Any secretions evident upon entry or following a dry swallow in the protective structures surrounding the laryngeal vestibule that are bilaterally represented or deeply pooled. This rating would include cases in which there is transition in the accumulation of secretions during observation segment.
 2. Any secretions that change from "1" to a "3" rating during the observation period.
 3. Most severe rating. Any secretions seen in the area defined as laryngeal vestibule. Pulmonary secretions are included if they are not cleared by swallowing or coughing by the close of the segment.

G Penetration – Aspiration Scale *(Rosenbek 1996)*

1. Material does not enter the airway
2. Material enters the airway, remains above the vocal folds and is ejected from the airway
3. Material enters the airway, remains above the vocal folds, and is not ejected from the airway
4. Material enters the airway, contacts the vocal folds, and is ejected from the airway
5. Material enters the airway, contacts the vocal folds, and is not ejected from the airway
6. Material enters the airway, passes below the vocal folds, and is ejected into the larynx or out of the airway
7. Material enters the airway, passes below the vocal folds, and is not ejected from the trachea despite effort
8. Material enters the airway, passes below the vocal folds, and no effort is made to eject

Liquids.....

Thick liquids.....

Puree.....

Soft Solid.....

Solid.....

H Manoeuvres & Strategies Outcome

Chin tuck _____
 Head turn right _____
 Head turn left _____
 Head tilt right _____
 Head tilt left _____
 Breath hold _____

Supra-glottic swallow _____
Super supra-glottic swallow _____
Effortful swallow _____
Liquids to clear solid residue _____
Other _____

I SENSATION

(overall impression & comments)

Assessing Clinician Endoscopist Speech and Language Therapist

Based on the FEES assessment report at University College Hospital London. With thanks to Northwick Park Hospital.