

Affix Patient Label here or record:

Name:

NHS No:

Hosp No:

D.O.B: / / Male Female

Ward:.....Cons:.....



WATER SWALLOW PRESREEN

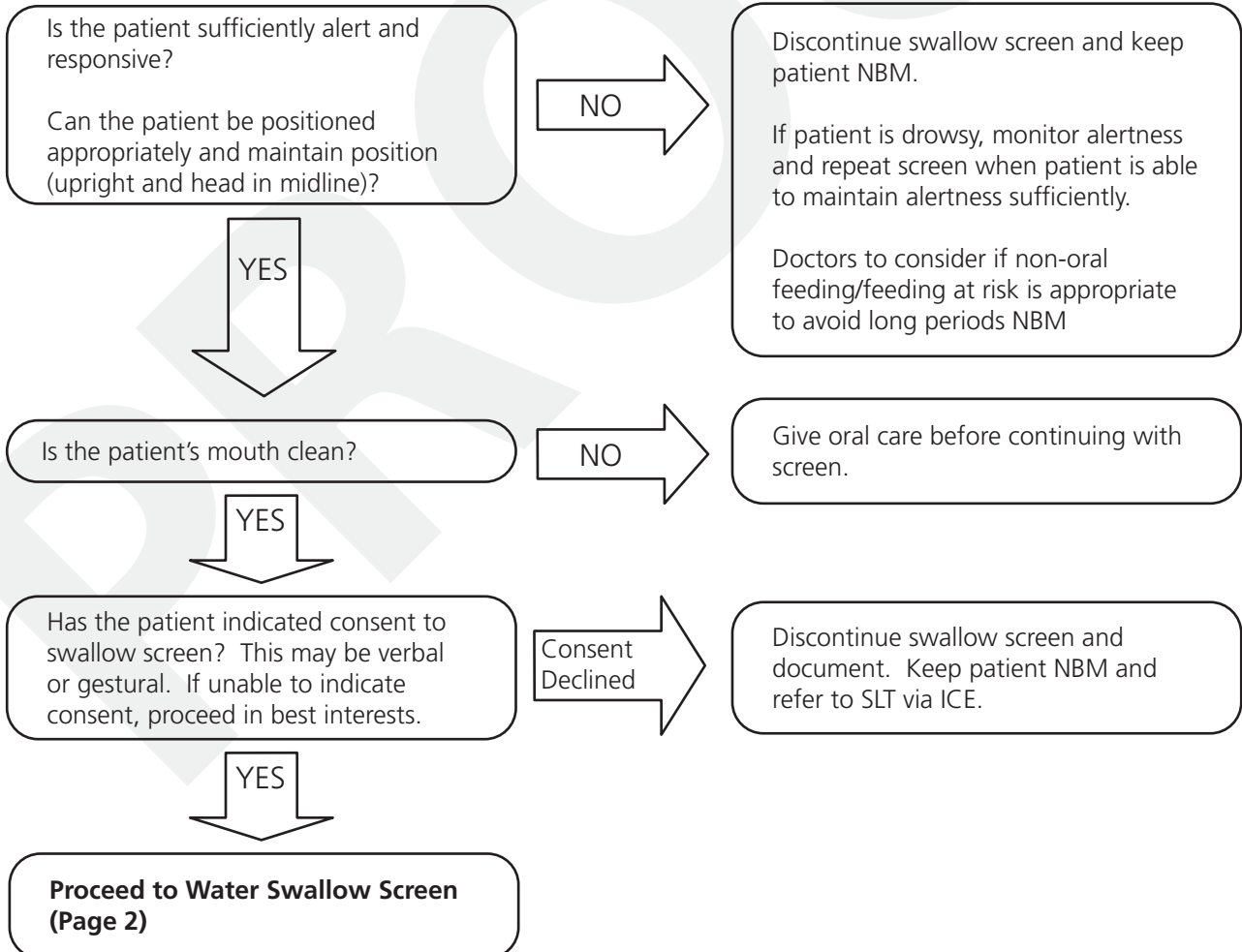
THIS ASSESSMENT MAY ONLY BE CARRIED OUT BY NURSES WHO HAVE ATTENDED WATER SWALLOW SCREEN TRAINING AND ACHIEVED THEIR PRACTICAL COMPETENCIES

EXCLUSION criteria – please tick the box if any of the following applies to the patient. If any of these boxes are ticked, please do NOT attempt the screen and refer to SLT via ICE.

Previous dysphagia in association with **pre-existing neurological or physical conditions** such as
 frailty, dementia, Head & Neck cancer, previous stroke, Parkinson’s Disease, Motor Neurone Disease, Multiple Sclerosis, Progressive Supranuclear Palsy, Huntington’s Disease, COPD or other cause
 (Please establish and document below baseline food/drink consistencies)

- Brainstem stroke confirmed on CT/MRI or ‘bulbar signs’
 Tracheostomy
 Currently diagnosed with an aspiration related pneumonia/chest infection
 Requiring oxygen support via a face mask

If you have ticked any of the boxes, discontinue the screen and refer the patient to the Speech and Language Therapy department via ICE.



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WATER SWALLOW SCREEN

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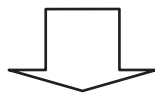
PRE-SCREENING CHECKLIST (Page 1) must be completed before carrying out the Water Swallow Screen.

If the patient displays any of the listed signs of dysphagia (see box below) at any point during the Water Swallow screen, discontinue immediately and indicate which signs were observed below.

Place your hand lightly on the patient's voice box/larynx to feel for the swallow whilst the patient takes the teaspoons and sips of water

Give patient 3 x teaspoons of water

Observe for any signs of dysphagia (see list on the right of this page).



No difficulty observed

Give patient 3 sips of water from a cup

Observe for any signs of dysphagia (see list on the right of this page).



No difficulty observed

Ask patient to drink 100ml of water from a cup

Observe for any signs of dysphagia (see list on the right of this page).



No difficulty observed

Start thin drinks (level 0) and regular food (level 7) with caution and supervision

Continue to monitor closely for swallowing difficulties. If patient's chest status deteriorates, place NBM and refer to Speech and Language Therapy via ICE.

OUTCOME OF SCREEN:

• Failed

Comments

• Passed

Consider **level 7 easy to chew regular food** if inadequate dentition.

Name, signature and designation of person administering screen:

.....

Signs of dysphagia may include:

- Inability to keep water in the mouth due to lip weakness
- Repetitive tongue movements before swallowing
- Delayed or absent swallow
- Coughing or throat clearing
- Multiple swallows
- Wet or gurgly voice
- Increase in breathing rate
- Change in face colour
- Watering eyes

If any signs of dysphagia are observed...

- Discontinue swallow screen.
- Keep patient **NBM** and refer to Speech & Language Therapy via ICE. Provide details of the patient and your findings.
- Maintain regular oral care.
- Medics should consider non-oral nutrition/hydration.

Date Screen carried out: Time:

PLEASE FILE IN THE PATIENT'S MEDICAL NOTES

