

Dysphagia

Client Name: _____ **#:** _____ **Initiated by:** _____ **Date:** _____

Screen

Nutrition Screen diagnosis: Dysphagia

Signed: _____ Date: _____

Assess (Check any/all)

Food/liquid texture modification

Weight/BMI

- Weight loss >3 lb/wk or >5%/mo or >10%/6 mo
- BMI <20 (high risk)
- BMI >27

Medications

Infection (eg, pneumonia)

Pressure ulcers/wounds

Poor Oral Intake Symptoms

- Complex diet order
- Nausea/vomiting
- Poor appetite/early satiety
- Problems chewing/swallowing
- Depression/anxiety
- GI distress

Signed: _____ Date: _____

1 or more

Goals (check any/all):

- Safely eat and drink without risk in _____ (goal time).
- Swallow efficiently to maintain nutrition and hydration in _____ (goal time).
- Advance to normal texture of food in _____ (goal time).
- Weight maintained, or loss/ gain of _____ lb in _____ (goal time).

Moderate Risk Interventions

(Check any/all)

Foods That Are Easy to Swallow provided and explained

Food Record provided and explained

Obtain Dr. orders as needed:

- RD chart consult
- SLP chart consult
- OT chart consult
- Monitor weight q: _____
- Monitor I & O q: _____
- BID/TID supplements

Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Next visit

High Risk Interventions (Check any/all)

Foods That Are Easy to Swallow provided and explained

Food Record provided and explained

Obtain Dr. orders as needed:

- RD referral for home visits
- SLP referral for home visits
- OT referral for home visits
- Monitor weight q: _____
- Monitor I & O q: _____
- BID/TID supplements

Medication adjustment

Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Next visit

Assess Response (Check any/all)

Further food/liquid texture modification required

Weight change not appropriate per goal

Dehydration

Onset of pulmonary infection

Exhibiting Poor Oral Intake Symptoms

Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

1 or more

None

Outcomes Achieved

- Food/liquid texture advanced toward normal
- Weight maintained or improved
- Hydration status maintained or improved
- Other: _____
(See notes for documentation.)
- Repeat Nutrition Risk Screen in _____ days

Signed: _____ Date: _____

Assess Response (Check any/all)

Further food/liquid texture modification required

Continued Poor Oral Intake Symptoms

Weight change not appropriate per goal

Dehydration

Onset of pulmonary infection

Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

1 or more

Outcomes Achieved

- Food/liquid texture advanced toward normal
- Weight maintained or improved
- Hydration status maintained or improved
- Other: _____
(See notes for documentation.)
- Repeat Nutrition Risk Screen in _____ days

Signed: _____ Date: _____

None

Outcomes Not Achieved

Reassess/evaluate need for EN/PN
(refer to Tube Feeding Nutrition Care Plan).
Document on Nutrition Variance Tracking form.