



Montana Stroke Initiative Nursing Bedside Swallow Screen

Use this form to document a bedside swallow screen prior to oral intake for all Ischemic Stroke, Hemorrhagic Stroke and TIA patients. When complete, place form in physician orders.

Bedside Swallow Screen No

A swallow screen is not to be performed on patients who have:

- ↓ LOC
- unable to follow commands
- uncontrolled seizure activity

These patients should remain NPO until a level of safety has been established

Patient is alert/ ↑ 90° Position No

↓ Yes, continue

Able to clinch teeth/close lips/show No

↓ Yes, continue

Able to cough, manage oral secretions No

↓ Yes, continue

Able to find words with no slurring or No

↓ Yes, continue

Able to swallow tsp water without coughing, wet voice, or choking. May No

↓ Yes, continue

Able to chew cracker with no cough or clearing of throat, and no pocketing in L or R cheek No

Yes to all the above

If you checked a NO, then keep patient NPO, notify MD and get a ST consult. If the patient passed the swallow screen, then advance diet per physician orders.

Nurse Signature _____ Date _____ Time _____