Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



| **SPECIFIC CRITICAL ELEMENTS** | **DEMO #1** | **DEMO #2** |
| --- | --- | --- |
|  | Successful  YES/NO | Successful  YES/NO |
| Gather supplies:   * Clean gloves (and other PPE as required) * Tongue depressor * Flash light * 90mL water in a cup (no straw) |  |  |
| Perform hand hygiene  Identify the patient |  |  |
| Explain procedure to patient |  |  |
| Position the patient in a high fowler’s with head of bed elevated as close to 90 degrees as possible (at least 45 degrees) |  |  |
| Assess for **Level of Consciousness (LOC)** using the Glasgow Coma Scale (GCS).   * If painful stimuli is required for eye opening, use nailbed pressure (not sternal rub) * If painful stimuli is required for motor response, use trapezius twist or supraorbital pressure (not sternal rub) * If patient score is 13 or less, do not continue with the screen. Notify patient/family of next steps.   \*\* Reattempt screen when clinically appropriate. |  |  |
| Assess for **Facial Asymmetry/Weakness**   * If facial asymmetry/weakness is observed, do not continue with the screen. Notify patient of next steps (NPO status, SLP to assess). |  |  |
| Assess for **Tongue Asymmetry/Weakness**   * If tongue asymmetry/weakness is observed, do not continue with the screen. Notify patient of next steps (NPO status, SLP to assess). |  |  |
| Assess for **Palatal Asymmetry/Weakness**   * If palatal asymmetry/weakness is observed, do not continue with the screen. Notify patient of next steps (NPO status, SLP to assess). |  |  |
| Direct the patient to drink 90mL of water from a cup (no straw), all at once without stopping. Assess for throat clearing, coughing and change in vocal quality.   * If these signs of dysphagia are observed, do not continue with the screen. Notify patient of next steps (NPO status, SLP to assess). |  |  |
| For one full minute after the drinking, reassess for throat clearing, coughing and change in vocal quality.   * If these signs of dysphagia are observed, do not continue with the screen. Notify patient of next steps (NPO status, SLP to assess). |  |  |
| Determine outcome of the swallowing Screen and explain results to the patient. |  |  |
| Remove gloves, dispose of supplies, and perform hand hygiene |  |  |
| Document under the Stroke Swallowing Screen intervention. |  |  |
| For patients who did not pass the swallowing screen, call Speech Language Pathologist (ext. 2688) for detailed assessment and management of swallowing.  For patients who passed the swallowing screen, contact MRP for diet order as soon as possible. |  |  |

* **Sign-off #1** Required for all nursing staff prior to performing screen independently.
* **Sign-off #2** Required for all nursing staff prior to performing screen independently.

**Once the second sign-off has been achieved, choose 1 of the following statements:**

Competency for performing Swallowing Screens completed successfully on 2 patients, learner may practice independently

**OR**

Repeated supervised practice(s) required until it is agreed by both learner and observer that the learner can perform skills independently

Learner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)

Staff observing skill for sign-off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

**Your signatures indicate mutual agreement that the learner possesses the knowledge and ability required to perform this skill independently in accordance with HPHA protocol.**

**Upon completion, offer this form to your Nurse Manager.**

**Keep a copy for your own portfolio.**