Red Flags for Swallowing Difficulty

Patient: ___________________________  ID: ___________________________  Room: ___________________________

Reported by: ___________________________  Date: ___________________________

Form Instruction: Check appropriate ☐ for observations. Report and submit to nursing and speech language pathologist.*

Difficulty managing a solid bolus

☐ Cannot bite off a piece of solid food
☐ Does not chew solids
☐ Chews very slowly
☐ Avoids solid foods requiring chewing
☐ Food particles fall ‘all over’ mouth
☐ Pocketing of food
☐ Difficulty moving bolus to the back of the mouth
☐ Takes a long time to swallow
☐ Extra oral loss (food or liquid falling out)
☐ Coughing or gagging before, during or after a swallow
☐ Wet voice quality after the swallow
☐ Hoarse voice after the swallow
☐ Residuals in oral cavity after the swallow

Difficulty managing a liquids bolus

☐ Inability to extract liquids from a straw
☐ Extra oral loss (food or liquid falling out)
☐ Takes a long time to swallow
☐ Coughing before, during or after the swallow
☐ Wet voice quality after the swallow
☐ Hoarse voice after the swallow

Other

☐ Nasal regurgitation
☐ Difficulty in managing oral secretions
☐ Gets distracted from eating / needs to be reminded food is in mouth
☐ Difficulty taking oral medications
☐ Inability to maintain upright or semi-reclined position
☐ Inability to maintain neutral head position
☐ Teeth or dentures are missing or not aligned
☐ Complains of pain or discomfort when swallowing

*These are only suggestions and should not replace the assessment and due diligence of qualified healthcare professionals.