



**BON SECOURS St. Mary's Hospital:  
Screening Tool for Acute Neuro Dysphagia  
(STAND Study) Expansion Study**

*AFFIX PATIENT STICKER  
HERE*

**SCREEN TO BE DONE BEFORE ANY ORAL INTAKE**

**INITIAL ASSESSMENT** (check assessment findings that apply)

- Too lethargic or unable to keep oxygen saturation levels at or above 90%. **KEEP NPO**  
(When alert and able to maintain oxygen saturations levels, continue with screening process).
- Gurgling vocal quality or inability to manage oral secretions. **KEEP NPO**  
(Obtain a Speech Language Pathology [SLP] evaluation for dysphagia).
- History of dysphagia. **KEEP NPO**  
(Obtain a SLP Evaluation for dysphagia).

**OR**

- Alert and able to maintain oxygen saturation levels at or above 90%, able to manage oral secretions and without history of dysphagia. **PROCEED TO SWALLOW CHALLENGE**

**SWALLOW CHALLENGE**

1. PUREES: Offer a teaspoonful of applesauce or pudding

- No difficulty noted. **PROCEED TO STEP #2**
- Difficulty noted. Specify Problem #(s) (\_\_\_\_\_) **STOP AND REFER TO SLP FOR EVALUATION.**

2. WATER- Offer 3oz. drinking from a cup and 3 oz. using a straw

- No difficulty noted. **COMPLETE DOCUMENTATION**
- Difficulty noted. Specify Problem #(s) (\_\_\_\_\_) **STOP AND REFER TO SLP FOR EVALUATION.**

**PROBLEM LIST**

- |                             |                               |                                      |
|-----------------------------|-------------------------------|--------------------------------------|
| 1. Coughing/throat clearing | 3. Holding Food in Mouth      | 6. Delayed/difficult/painful swallow |
| 2. Wet/gurgling Voice       | 4. Pocketing of Food in Cheek | 7. Tearing With Swallowing Effort    |
|                             | 5. Loss of Food From Mouth    | 8. Oxygen desaturation/SOB           |

**ASSESSMENT –Check one**

- Swallow functions normal
- Assessment abnormal: NPO & SLP consult

**ACTIONS – Check all that apply**

- Modified Barium Swallow exam ordered
- Screen done before oral intake
- MD notified of abnormal results
- Need to change route of PO medications addressed with MD

**SCREENING DOCUMENTATION**

Date/Time: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (\_\_\_\_:\_\_\_\_) AM PM

Signature & Title: \_\_\_\_\_

**PATIENT TYPE (Check One)**

- Stroke
- Head Injury
- Medicine
- Oncology
- Other \_\_\_\_\_

**FOR ALL PATIENTS-** Continue to monitor for symptoms of silent aspiration: Temperature spikes, Decreased oxygen saturation during eating, Change in lung auscultation