



Pediatric Clinical Swallowing Evaluation Template

- Name: ID/Medical record number:
- Date of exam: Chronological age:
- Primary language of patient: Gestational age:
- Primary caregiver Corrected/adjusted age:
- Primary language of caregiver: Interpreter? Yes No
- Referred by: Family concerns:
- Reason for referral: Barriers to learning:
- Related medical diagnoses and dates of onset:

| Medical Diagnosis | ICD-10 | Date of Onset |
|-------------------|--------|---------------|
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| | | |

- Other relevant medical/surgical history:

Birth History

Complications during pregnancy: _____

Delivery:

Vaginal C-section (Reason: _____) Single birth Multiple births:

Complications during delivery: _____

Term Preterm (weeks/days): NICU:

Birth weight:

APGAR SCORES: @ 1m: @5m: @10m:

Other Birth History

- Current diagnosis:
- Current medications:
- Allergies:
- Intubation history:
- Pain:
- Current respiratory status

| | |
|------------------------|----------------------------------|
| Room air | Nasal cannula |
| CPAP | Tracheostomy (trach collar) |
| Mechanical ventilation | Use of Passy Muir speaking valve |

- Feeding ability: (Comment if necessary.)
 - Breastfeeding:
 - Spoon from caregiver:
 - No spill cup:
 - Utensils (self):
 - Bottle feeding:
 - Fingers (self):
 - Straw:
 - Open cup:
- Symptoms reported by caregiver: (Check all that apply.)

| | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Coughing frequency _____ <input type="checkbox"/> Choking frequency _____ <input type="checkbox"/> Frequency of gagging during or after eating _____ <input type="checkbox"/> Frequency of vomiting during or after eating _____ <input type="checkbox"/> Frequency of wet vocal quality during or after eating _____ <input type="checkbox"/> Difficulty swallowing: <ul style="list-style-type: none"> <input type="checkbox"/> Foods <input type="checkbox"/> Drinks <input type="checkbox"/> Difficulty with medications <input type="checkbox"/> Autonomic instability <input type="checkbox"/> Fevers <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Drooling <input type="checkbox"/> Pain on swallowing <input type="checkbox"/> Frequency of food getting stuck _____ <input type="checkbox"/> Weight loss <input type="checkbox"/> History of aspiration or pneumonia <input type="checkbox"/> Dehydration <input type="checkbox"/> Problem behaviors when eating/drinking: |
|--|---|

Sneezing
Stress signals
Color change

- Current diet: (Check all that apply.)
 NPO? Yes No
 If yes, alternative nutrition method:
 - Nasogastric tube
 - Gastrostomy
 - Jejunostomy
 - Total parenteral nutrition (TPN)

PO: Primary source of nutrition Pleasure feeds only

Current Diet (based on the [International Dysphagia Diet Standardization initiative](#) [IDDSI])

| Food consistency | Drink consistency |
|------------------------|----------------------------|
| Regular (level 7) | Extremely thick (level 4) |
| Easy to chew (level 7) | Moderately thick (level 3) |

| | |
|-------------------------------|--------------------------|
| Soft and bite-sized (level 6) | Mildly thick (level 2) |
| Minced and moist (level 5) | Slightly thick (level 1) |
| Pureed (level 4) | Thin (level 0) |
| Liquidised (level 3) | |

- Feeding method: Independent in self-feeding Needs some assistance Dependent for feeding
- Endurance during meals: Good Fair Poor Variable
- Swallowing history
 - Number of meals/snacks per day: Avg length of meals/snacks:
 - Fed by: Sensory preferences:
 - Feeding position: Additives/supplements:
 - Feeding Routine:
- Mental status: (Check all that apply.)
 - Alert Responsive Cooperative Confused
 - Lethargic Impulsive Uncooperative Combative
 - Unresponsive
- Oral status
 - Dentition: WNL Missing teeth _____ Decay
- Cranial nerve examination findings:
- Non-nutritive suckling response:
 - N/A Adequate Impaired
- Signs of stress during assessment:
- Oral motor assessment
- Abnormal structures:

| | Lips | Tongue | Jaw | Soft Palate |
|--|-------------|---------------|------------|--------------------|
| Observation at rest (WNL, edema, erythema, lesion, etc.) | | | | |
| Symmetry | | | | |
| Range | | | | |
| Speed | | | | |
| Strength | | | | |
| Tone | | | | |
| Involuntary movements | | | | |
| Additional comments | | | | |

- Auditory perceptual assessment of voice:
 - Phonation characteristics (including phonation duration, voice onset, etc.):
 - Vocal quality:
 - Vocal loudness:
 - Resonance:
- Respiratory sufficiency and coordination:
 - Overall respiratory function:
WNL Mildly impaired Moderately impaired Severely impaired
 - Respiratory pattern:
Abdominal Thoracic Clavicular Other
 - Coordination of respiration with phonation (breath-holding patterns, habitual use of residual air, length of breath groups)
 - Objective measures:
 - Maximal inspiratory/expiratory pressures
 - Peak cough strength
 - Additional comments: _____
- Sensory status:
 - Hearing status:
 - Vision status:
 - Testing of mechano-sensation of face and oral cavity
 - Testing of chemo-sensation (i.e., taste and smell)
 - Assessment of laryngeal sensations (dryness, tickling, burning, pain, etc.) and palpation, as indicated
- Results of recent instrumental assessments of swallowing:
- Swallow trials:
 - Baseline vitals:
Heart rate _____ Respiratory rate: _____ O₂ sats: _____
 - Position during assessment:
 - Factors affecting performance:

| | |
|------------------------------|------------------------------------|
| None | Impairment in following directions |
| Impairment in task endurance | Other: |
| Impairment in mental status | |
 - Saliva swallows:

| | | | |
|---------|----------------------|------------|--------|
| WNL | Impaired | Xerostomia | Other: |
| Pooling | Hypoactive sensation | | |
 - Liquid trials:

| | | | |
|-------------------------------------|-----------|-----------|--|
| Fed by: Self | Caregiver | Clinician | |
| Feeding skills appropriate for age? | Yes | No | |

Liquid Trials

| | Thin (Level 0) | Slightly Thick (Level 1) | Mildly Thick (Level 2) | Moderately Thick (Level 3) | Extremely Thick (Level 4) (Not typically recommended for children under 3) |
|---|--|--|--|--|--|
| Administered by (Check all that apply.) | Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner | Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner | Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner | Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner | Open cup Cup with lid Bottle (nipple type: _____) Spoon Straw Self-fed Fed by examiner |
| Amounts / duration: | _____ ml in _____ mins | _____ ml in _____ mins | _____ ml in _____ mins | _____ ml in _____ mins | _____ ml in _____ mins |
| Response: | | | | | |
| Sucks / burst | | | | | |
| Fluid expression | Good Fair Poor | Good Fair Poor | Good Fair Poor | Good Fair Poor | Good Fair Poor |
| Jaw movement | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated |
| Tongue movement | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated |
| Anterior loss | Present Not Present | Present Not Present | Present Not Present | Present Not Present | Present Not Present |
| Volitional cough during trials? | yes/no | yes/no | yes/no | yes/no | yes/no |
| Volitional throat-clear during trials? | yes/no | yes/no | yes/no | yes/no | yes/no |
| Spontaneous cough during trials? | yes/no | yes/no | yes/no | yes/no | yes/no |

| | | | | | |
|---|----------|----------|----------|----------|----------|
| Spontaneous throat-clear during trials? | yes/no | yes/no | yes/no | yes/no | yes/no |
| Swallowing duration (from introduction of bolus to completion of pharyngeal stage) | ___ sec. | ___ sec. | ___ sec. | ___ sec. | ___ sec. |
| Therapeutic management strategies attempted and response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.) | | | | | |

Comments: _____

Solid Food Trials

| | Regular (Level 7) | Easy to Chew (Level 7) | Soft and Bite-Sized (Level 6) | Minced and Moist (Level 5) | Pureed (Level 4) | Liquidised (Level 3) |
|---|---|---|---|---|---|---|
| Administered by (Check all that apply.) | Spoon/fork Self-fed Fed by examiner | Spoon/fork Self-fed Fed by examiner | Spoon/fork Self-fed Fed by examiner | Spoon/fork Self-fed Fed by examiner | Spoon/fork Self-fed Fed by examiner | Spoon/fork Self-fed Fed by examiner |
| Amounts: | | | | | | |
| Response: | | | | | | |
| Jaw movement | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated | Coordinated |

| | | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| | | | | | Uncoordinated | Uncoordinated |
| Tongue Movement | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated | Coordinated Uncoordinated |
| Volitional cough? | | yes/no | yes/no | yes/no | yes/no | yes/no |
| Volitional cough during trials? | | yes/no | yes/no | yes/no | yes/no | yes/no |
| Volitional throat-clear during trials? | | yes/no | yes/no | yes/no | yes/no | yes/no |
| Spontaneous cough during trials? | | yes/no | yes/no | yes/no | yes/no | yes/no |
| Spontaneous throat-clear during trials? | | ___ sec. | ___ sec. | ___ sec. | ___ sec. | ___ sec. |
| Therapeutic management strategies attempted and response (compensatory strategies, fatigue management strategies, environmental modifications, behavioral strategies, etc.) | | | | | | |

Comments _____

- Post-assessment vitals

Heart rate: _____ Respiratory rate: _____ O₂ sats: _____

- Results of standardized tests of swallowing:

- Results of evaluation:
 - Dysphagia diagnosis:
 - Severity:

| | | |
|---------------------------------|-------------------------------|---------------------|
| Mildly impaired | Mildly to moderately impaired | Moderately impaired |
| Moderately to severely impaired | Severely impaired | |
 - Contributing factors to swallowing impairment:

| | |
|--|---|
| <input type="checkbox"/> Reduced alertness or attention <input type="checkbox"/> Difficulty following directions <input type="checkbox"/> Reduced oral strength/coordination/sensation <input type="checkbox"/> Mastication inefficiency <input type="checkbox"/> Impaired oral-pharyngeal transport | <input type="checkbox"/> Impaired velopharyngeal closure/coordination <input type="checkbox"/> Delayed swallow initiation <input type="checkbox"/> Reduced laryngeal excursion <input type="checkbox"/> Other: _____ |
|--|---|

- Prognosis: Good Fair Poor, based on _____
- Impact on safety and functioning: (Check all that apply.)
 - No limitations
 - Risk for aspiration: _____
 - Risk for inadequate nutrition/hydration: _____
- Recommendations:
 - Instrumental assessment?
 - Yes—videofluoroscopic swallowing study
 - Yes—fiberoptic endoscopic evaluation of swallowing
 - No
 - Swallowing treatment? Yes No
 - Diet texture recommendations:

Foods:

| | | |
|------------------------------|--------------------------|---------------------------------|
| Regular (Level 7) | ☑ Easy to Chew (Level 7) | ☑ Soft and Bite-Sized (Level 6) |
| ☑ Minced and Moist (Level 5) | ☑ Pureed (Level 4) | ☑ Liquidised (Level 3) |

Liquids:

Thin (Level 0)

Slightly Thick (Level 1)

Mildly Thick (Level 2)

Moderately Thick (Level 3)

Extremely Thick (Level 4) [Not typically recommended for children under 3]

NPO with alternative nutrition method: _____

Alternative nutrition method with pleasure feedings: _____

Other: _____

- Safety precautions/swallowing recommendations: (Check all that apply.)
 - Supervision needed for all meals
 - Requires 1:1 close supervision
 - Requires 1:1 distant supervision
 - To be fed only by trained staff/family
 - To be fed only by SLP
 - Needs to have reduced distractions when feeding
 - Needs verbal cues to use recommended strategies
 - Needs to remain in upright position at least 30 minutes after meals
 - Needs to take small sips and bites when eating
 - Needs consistent monitoring of flow rate
 - Equipment specifics: _____
 - Positioning
 - Pacing (e.g., co-regulated, external)
 - Needs to feed at a slow rate; needs to swallow between bites
 - No straw
 - Sips by straw only
 - Needs multiple swallows: _____
 - Needs to alternate liquids and solids
 - Needs sensory enhancement (e.g., flavor, texture, temperature): _____
 - Other: _____

- Other recommended referrals:
 - Occupational therapy
 - Dietetics
 - Gastroenterology
 - Neurology
 - Lactation specialist
 - Orofacial myologist
 - Otolaryngology
 - Pulmonology
 - Other: _____

- Patient/caregiver education
 - SLP described results of evaluation.
 - Patient/family/caregivers expressed understanding of evaluation and treatment plan.
 - Patient/family/caregivers expressed understanding of safety precautions and feeding recommendations.
 - Patient expressed understanding of evaluation but refused treatment.
 - Patient requires further education.
 - Family/caregivers require further education.