

## Dysphagia

**Client Name:** \_\_\_\_\_ **#:** \_\_\_\_\_ **Initiated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Screen

Nutrition Screen diagnosis: Dysphagia

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Assess (Check any/all)

Food/liquid texture modification

**Weight/BMI**

- Weight loss >3 lb/wk or >5%/mo or >10%/6 mo
- BMI <20 (high risk)
- BMI >27

Medications

Infection (eg, pneumonia)

Pressure ulcers/wounds

**Poor Oral Intake Symptoms**

- Complex diet order
- Nausea/vomiting
- Poor appetite/early satiety
- Problems chewing/swallowing
- Depression/anxiety
- GI distress

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**1 or more**

### Goals (check any/all):

- Safely eat and drink without risk in \_\_\_\_\_ (goal time).
- Swallow efficiently to maintain nutrition and hydration in \_\_\_\_\_ (goal time).
- Advance to normal texture of food in \_\_\_\_\_ (goal time).
- Weight  maintained, or  loss/ gain of \_\_\_\_\_ lb in \_\_\_\_\_ (goal time).

### Moderate Risk Interventions

(Check any/all)

Food Record provided and explained

**Obtain Dr. orders as needed:**

- RD chart consult
- SLP chart consult
- OT chart consult
- Monitor weight q: \_\_\_\_\_
- Monitor I & O q: \_\_\_\_\_
- BID/TID supplements

Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Next visit**

### High Risk Interventions (Check any/all)

Food Record provided and explained

**Obtain Dr. orders as needed:**

- RD referral for home visits
- SLP referral for home visits
- OT referral for home visits
- Monitor weight q: \_\_\_\_\_
- Monitor I & O q: \_\_\_\_\_
- BID/TID supplements

Medication adjustment

Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Next visit**

### Assess Response (Check any/all)

- Further food/liquid texture modification required
- Weight change not appropriate per goal
- Dehydration
- Onset of pulmonary infection
- Exhibiting Poor Oral Intake Symptoms
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**1 or more**

**None**

### Outcomes Achieved

- Food/liquid texture advanced toward normal
- Weight maintained or improved
- Hydration status maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Assess Response (Check any/all)

- Further food/liquid texture modification required
- Continued Poor Oral Intake Symptoms
- Weight change not appropriate per goal
- Dehydration
- Onset of pulmonary infection
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**1 or more**

### Outcomes Achieved

- Food/liquid texture advanced toward normal
- Weight maintained or improved
- Hydration status maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**None**

### Outcomes Not Achieved

Reassess/evaluate need for EN/PN  
(refer to Tube Feeding Nutrition Care Plan).  
Document on Nutrition Variance Tracking form.