

Adult Videofluoroscopic Swallow Study Template

- Name: ID/Medical record number:
- Pronouns:
- Date of exam:
- Communication mode/language(s) spoken:
- Interpreter present? Yes No
- Referred by:
- Reason for referral:
- Related medical diagnoses and dates of onset:

Medical Diagnosis	ICD-10	Date of Onset

- Surgical History:
- Relevant Imaging:
- Relevant Labs:
- Current medications:
- Allergies:
- Pain:
- Tracheostomy Yes No
- Trach size/valve type:
- Mechanical ventilation: Yes No Ventilator settings:
- **Symptoms** reported by patient and/or caregiver(s) (check all that apply):
 - Coughing
 - Choking
 - Difficulty swallowing:
 - Foods
 - Drinks
 - Pills
 - Other
- **Current diet (check all that apply):**
 - NPO:** Yes No
 - If yes, alternative nutrition method:

<ul style="list-style-type: none"> <input type="radio"/> Nasogastric tube <input type="radio"/> Gastrostomy <input type="radio"/> Jejunostomy 	<ul style="list-style-type: none"> <input type="radio"/> Total parenteral nutrition (TPN) <input type="radio"/> N/A
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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** (patient/caregiver report):
 Good Fair Poor Variable
- **Mental Status (check all that apply):**
 Alert responsive cooperative confused
 lethargic impulsive uncooperative combative
 unresponsive
- **Oral Status**
Dentition: WNL Missing teeth _____ Decay
Dentures present: upper lower
- **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 of extrinsic laryngeal musculature, as indicated
- **Auditory perceptual assessment of voice:**
 - Phonation characteristics (including phonation duration, voice onset, etc.):
 - Vocal quality:
 - Vocal loudness:
 - Resonance:
- **Respiratory Sufficiency and Coordination:**
 - Respiratory pattern: abdominal thoracic clavicular Other
 - Coordination of respiration with phonation (breath-holding patterns, habitual use of residual air, length of breath groups)

- Level of oxygen needed: Room Air Nasal Cannula: _____
- OptiFlow: _____ CPAP/BiPAP/AVAPS: _____ Ventilator: _____
- Tracheostomy: (type/size) _____ PMV tolerates?
- Objective measures:
 - maximal inspiratory/expiratory pressures
 - peak cough strength
- Additional comments: _____

Cranial Nerve Examination

	Normal	Abnormal	Comments
Trigeminal V			
Symmetry of jaw at rest			
Symmetry of jaw opening with and without resistance			
General tongue sensation			
Facial VII			
Symmetry of face			
Symmetry during smile/pucker			
Taste to anterior 2/3 of tongue			
Glossopharyngeal IX and Vagus X			
Velum at rest			
Velum with phonation			
Vocal quality			
Voluntary cough			
Hypoglossal XII			
Tongue at rest (atrophy/fasciculation)			
Tongue range of motion			
Tongue range of motion against resistance			

- **Oral Motor Assessment**

	Lips	Tongue	Jaw	Soft Palate	Face
Structural Integrity					

- **Results of recent instrumental assessments of swallowing:**

- **Factors affecting performance during VFSS :**

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

- **Viewing planes:** Lateral A-P

- Contrast: standardized non-standardized
- Patient positioning for study:
- Liquid Trials

	Thin (level 0)	Slightly thick (level 1)	Mildly thick (level 2)	Moderately thick (level 3)	Extremely thick (level 4)
Administered by (Check all that apply)	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner	Cup Spoon Straw Self-fed Fed by examiner
Amounts:					
Location of bolus head when Swallow initiation occurs	Base of Tongue Valleculae Pyriforms	Base of Tongue Valleculae Pyriforms	Base of Tongue Valleculae Pyriforms	Base of Tongue Valleculae Pyriforms	
Length of swallow delay in seconds					
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
Penetration	None Before swallow During swallow	None Before swallow During swallow	None Before swallow During swallow	None Before swallow During swallow	None Before swallow During swallow

	After swallow	After swallow	After swallow	After swallow	After swallow
Response to Penetration					
Aspiration	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow
Response to Aspiration					
Base of tongue excursion	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced
Hyolaryngeal Elevation	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced
Residue location	N/A Base of Tongue Post. Pharyngeal wall Valleculae Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Valleculae Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Valleculae Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Valleculae Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Valleculae Laryngeal Vestibule Pyriforms
Residue amount	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe
Residue remaining after attempt to clear	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe e
Therapeutic management strategies					

attempted and response					
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- 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:						
Location of bolus head when Swallow initiation occurs	Base of Tongue Valleculae Pyriforms	Base of Tongue Valleculae Pyriforms	Base of Tongue Valleculae Pyriforms	Base of Tongue Valleculae Pyriforms		
Volitional cough during trials	yes/no	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	yes/no
Spontaneous cough during trials	yes/no	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	yes/no
Swallowing duration (introduction of bolus to completion of pharyngeal stage)	___ sec.	___ sec.	___ sec.	___ sec.	___ sec.	___ sec.

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Penetration	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow
Response to Penetration						
Aspiration	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow	None Before swallow During swallow After swallow
Response to Aspiration						
Base of tongue excursion	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced
Hyolaryngeal elevation	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced	Adequate Reduced
Residue Location	N/A Base of Tongue Post. Pharyngeal wall Vallecula Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Vallecula Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Vallecula Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Vallecula Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Vallecula Laryngeal Vestibule Pyriforms	N/A Base of Tongue Post. Pharyngeal wall Vallecula Laryngeal Vestibule Pyriforms
Residue amount	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe	N/A Trace Mild Moderate Severe
Residue remaining after	N/A Trace Mild	N/A Trace Mild	N/A Trace Mild	N/A Trace Mild	N/A Trace Mild	N/A Trace Mild

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attempt to clear	Moderate Severe	Moderate Severe	Moderate Severe	Moderate Severe	Moderate Severe	Moderate Severe
Therapeutic management strategies attempted and response						

Esophageal Phase

Backflow observed: __no __yes

Other observations: _____

Retention/residue observed: __no __<60 seconds to clear __>60 seconds to clear

Retrograde flow

Overall observations:

Lip Closure:

- Tongue Control During Bolus Hold:
- Bolus Preparation/Mastication:
- Bolus Transport/Lingual Motion:
- Oral Residue:
- Initiation of the Pharyngeal Swallow:
- Soft Palate Elevation:
- Laryngeal Elevation:
- Anterior Hyoid Excursion:
- Epiglottic Movement:
- Laryngeal Vestibular Closure:
- Pharyngeal Stripping Wave:
- Pharyngeal Contraction:
- Pharyngoesophageal Segment Opening:
- Tongue Base Retraction:
- Pharyngeal Residue:
- Esophageal Clearance (upright position):

Jordan Hazelwood, R., Armeson, K. E., Hill, E. G., Bonilha, H. S., & Martin-Harris, B. (2017). Identification of swallowing tasks from a modified barium swallow study that optimize the detection of physiological impairment. *Journal of Speech, Language, and Hearing Research*, 60(7), 1855-1863.

- **Results of the study**
- WFL
 - Suspected Dysphagia diagnosis

- Suspected phases involved:
- Characterized by _____
- Contributing Factors to Swallowing Impairment:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Impaired oral phase <input type="checkbox"/> Impaired oral-pharyngeal transport time <input type="checkbox"/> Impaired velopharyngeal closure <input type="checkbox"/> Impaired velopharyngeal coordination <input type="checkbox"/> Impaired tongue base retraction <input type="checkbox"/> Delayed initiation of swallowing <input type="checkbox"/> Pharyngeal asymmetry <input type="checkbox"/> Reduced pharyngeal squeeze | <ul style="list-style-type: none"> <input type="checkbox"/> Reduced hyolaryngeal elevation <input type="checkbox"/> Upper airway obstruction <input type="checkbox"/> Reduced cricopharyngeal opening <input type="checkbox"/> Difficulty coordinating breathing and swallowing <input type="checkbox"/> Abnormal structural observations:
_____ <input type="checkbox"/> Other:
_____ |
|--|--|

• **Prognosis for Imminent Recovery:** Good Fair Poor, based on _____

• **Prognosis for Long Term Recovery:** Good Fair

• Poor, based on:

• **Impact on Safety and Functioning (check all that apply)**

- Aspiration present Yes No
- Related risks for aspiration: _____

• **Patient/Family input in Plan of Care:** _____

• **Discussion:**

• **Recommendations:**

- **Swallowing treatment:** Yes No
 - Frequency: Duration:

○ **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)

NPO with alternative nutrition method: _____

- Alternative nutrition method with pleasure feedings: _____
- Other: _____

○ **Recommended positions/maneuvers:**

- | | |
|--|---|
| <input type="checkbox"/> Chin tuck | <input type="checkbox"/> Supraglottic swallow |
| <input type="checkbox"/> Head rotation | <input type="checkbox"/> Super supraglottic swallow |
| <input type="checkbox"/> Head tilt | <input type="checkbox"/> Mendelsohn maneuver |
| <input type="checkbox"/> Head back | <input type="checkbox"/> Effortful swallow |
| <input type="checkbox"/> Body position | <input type="checkbox"/> Other: _____ |

○ **Safety precautions/swallowing recommendations (check all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> 1 to 1 supervision | <input type="checkbox"/> Slow rate |
| <input type="checkbox"/> To be fed only by trained staff/family | <input type="checkbox"/> Check for oral residue |
| <input type="checkbox"/> Trials by SLP only | <input type="checkbox"/> No straw |
| <input type="checkbox"/> Reduce distractions | <input type="checkbox"/> Sips by straw only |
| <input type="checkbox"/> Needs verbal cues to use recommended strategies | <input type="checkbox"/> Multiple swallows: _____ |
| <input type="checkbox"/> Needs tactile cues to use recommended strategies | <input type="checkbox"/> Alternate liquids and solids |
| <input type="checkbox"/> Upright position at least 30 minutes after meals | <input type="checkbox"/> Sensory enhancement (flavor, texture, temperature): _____ |
| <input type="checkbox"/> Small sips and bites when eating | <input type="checkbox"/> Oral care before and after meals |
| | <input type="checkbox"/> Other _____ |

● **Other recommended referrals:**

● Occupational Therapy

- | | |
|---|--|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Palliative Care _____ |

● **Patient/Caregiver Education**

- Patient/Family/caregivers expressed understanding of evaluation and treatment plan
- Patient/Family/caregivers expressed understanding of safety precautions/feeding recommendations
- Patient expressed understanding of evaluation but does not want treatment
- Patient requires further education
- Family/caregivers require further education

● **Treatment Plan**

Long Term Goals:

Short Term Goals: