**Sample rating form**

**Speech and language therapy**

**Fibreoptic Endoscopic Examination of Swallowing (FEES) Report**

**Date of assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient name:** |  | **Hospital number:** |  |
| **DOB:** |  | **Consultant:** |  |

|  |
| --- |
| **Diagnosis:** |
| **Treatment history:** |
| **Other relevant medical history:** |

|  |
| --- |
| **Summary:** |

**IMAGES**

|  |
| --- |
| **Recommendations:** |

**ASSESSMENT INFORMATION**

***A-D Indicate if Within Normal Limits (WNL), Outside Normal Limits (ONL) or Unable to Assess (UTA).  Write comments in box provided.***

1. **NASOPHARYNX & SOFT PALATE**

|  |  |  |
| --- | --- | --- |
| **Anatomy** |  |  |
| **Symmetry of movement** |  |
| **Speed of movement** |  |
| **Range of movement** |  |

1. **BASE OF TONGUE & OROPHARYNX**

|  |  |  |
| --- | --- | --- |
| **Anatomy** |  |  |
| **Symmetry of movement** |  |
| **Speed of movement** |  |
| **Range of movement** |  |

1. **BASE OF TONGUE & OROPHARYNX**

|  |  |  |
| --- | --- | --- |
| **Anatomy** |  |  |
| **Symmetry of movement** |  |
| **Speed of movement** |  |
| **Range of movement** |  |

1. **LARYNX & SUPRAGLOTTIS**

|  |  |  |
| --- | --- | --- |
| **Anatomy** |  |  |
| **Symmetry of movement** |  |
| **Speed of movement** |  |
| **Range of movement** |  |
| **Symmetry of closure & phonation** |  |
| **Vocal fold lengthening** |  |
| **Vertical laryngeal movement** |  |

1. **AIRWAY PROTECTION** (*Murray 1999)*

* Laryngeal closure not achieved
* Transient true fold closure
* Sustained true fold closure
* Transient ventricular fold closure
* Sustained ventricular fold closure

1. **SECRETION RATING** *(Murray 1999)*
2. Normal rating: ranges from no visible secretions anywhere in the hypopharynx, to some transient secretions visible in the valleculae and pyriform sinuses. These secretions are not bilateral or deeply pooled.
3. Any secretions evident upon entry or following a dry swallow in the protective structures surrounding the laryngeal vestibule that are bilaterally represented or deeply pooled. This rating would include cases in which there is transition in the accumulation of secretions during observation segment.
4. Any secretions that change from “1” to a “3” rating during the observation period.
5. Most severe rating. Any secretions seen in the area defined as laryngeal vestibule. Pulmonary secretions are included if they are not cleared by swallowing or coughing by the close of the segment.
6. **PENETRATION – ASPIRATION SCALE   (PAS)** (*Rosenbek 1996)*
7. Material does not enter the airway
8. Material enters the airway, remains above the vocal folds and is ejected from the airway
9. Material enters the airway, remains above the vocal folds, and is not ejected from the airway
10. Material enters the airway, contacts the vocal folds, and is ejected from the airway
11. Material enters the airway, contacts the vocal folds, and is not ejected from the airway
12. Material enters the airway, passes below the vocal folds, and is ejected into the larynx or out of the airway
13. Material enters the airway, passes below the vocal folds, and is not ejected from the trachea despite effort
14. Material enters the airway, passes below the vocal folds, and no effort is made to eject
15. **PHARYNGEAL RESIDUE SEVERITY SCALE (PRSS)** *(Kelly 2006)*

0    None                  No pharyngeal coating or residue

1    Coating               Coating of the pharyngeal mucosa; no pooling

2    Mild                    Mild pooling/residue

3    Moderate         Moderate pooling/residue

4    Severe            Severe pooling/residue

***PAS scores                        PRSS scores (indicate asymmetry)***

Normal Liquid …………………………………………………      ………………………………………

Stage 1 Liquids     …………………………………………………      ………………………………………

Stage 2 Liquids     ………………………………………………….      ………………………………………

Stage 3 Liquids     ………………………………………………… ………………………………………

Texture C Diet      …………………………………………………       ………………………………………

Texture D Diet     …………………………………………………       ………………………………………

Texture E Diet      …………………………………………………       ………………………………………

Solids        …………………………………………………  ………………………………………

Other (eg, tablets) …………………………………………………   ………………………………………

                …………………………………………………       ………………………………………

1. **MANOEUVRES and STRATEGIES and OUTCOME**

Chin tuck………………………………………………………………………………………………………..

Head turn right………………………………………………………………………………………………

Head turn left ……………………………………………………………………………………………….

Head tilt right………………………………………………………………………………………………..

Head tilt left………………………………………………………………………………………………….

Breath hold…………………………………………………………………………………………………..

Supraglottic swallow…………………………………………………………………………………….

Super-supraglottic swallow………………………………………………………………………….

Effortful swallow…………………………………………………………………………………………..

Liquids to clear solid residue………………………………………………………………………

Other……………………………………………………………………………………………………………

1. **BIOFEEDBACK**

**Was biofeedback used?  Y/N     If yes, was it helpful? Y/N**

**Comments** …………………………………………………………………………………………………………

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1. **SENSATION**

***(Overall impression & comments)***

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**OTHER COMMENTS**

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**Assessing Clinician                                     Endoscopist**

:…………………………………………… :…………………………………….