Current feeding status: 

Tracheostomy / ventilation status / oxygen requirements:

Structures

Nasal passage (Follow NGT, swollen, septal deviation)

Nasopharyngeal wall (NGT trauma, tremor, abnormality L/R/midline):

Velopharyngeal sphincter (Adequate conical closure, symmetry, neuro signs, nasal regurgitation):

Base of Tongue (Thrush, symmetry, neuro signs, abnormality L/R/midline, flap):

Oropharynx & Posterior pharyngeal wall (Normal/concave, constriction, neuro signs, reduced contraction, abnormality):

Epiglottis (Position, oedema, abnormality):

Arytenoids (Oedema, prolapsed L/R, symmetry, mucosal trauma, posterior commissure stenosis):

True & Ventricular folds (Trauma, palsy/paresis, hyperfunction, glottic closure):

CP (Hyper/hypotonic):

<table>
<thead>
<tr>
<th>The Reflux Finding Score</th>
<th>Pseudosulcus (infraglottic oedema)</th>
<th>Ventricular obliteration</th>
<th>Erythema Hyperemia</th>
<th>Vocal fold oedema</th>
<th>Diffuse laryngeal oedema</th>
<th>Posterior commissure hypertrophy</th>
<th>Granuloma</th>
<th>Thick endolaryngeal mucus</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent 2 = Present</td>
<td>0 = None 2 = Partial 4 = Complete</td>
<td>0 = None 2 = Arytenoids 4 = Diffuse</td>
<td>0 = None 1 = Mild 2 = Mod 3 = Severe 4 = Polypoid</td>
<td>0 = None 1 = Mild 2 = Mod 3 = Severe 4 = Obstruct</td>
<td>0 = None 1 = Mild 2 = Mod 3 = Severe 4 = Obstructing</td>
<td>0 = Absent 2 = Present</td>
<td>0 = Absent 2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SCORE (>11 indicates LPR)

Glottic Closure

<table>
<thead>
<tr>
<th>Airway protection Scale</th>
<th>1 Breath holding not achieved</th>
<th>2 Transient breath hold, glottis open</th>
<th>3 Sustained breath hold, glottis open</th>
<th>4 Transient true vocal fold closure</th>
<th>5 Sustained true vocal fold closure</th>
<th>6 Transient true and ventricular closure</th>
<th>7 Sustained true and ventricular closure</th>
<th>8 Vocal fold closure on voluntary cough</th>
</tr>
</thead>
</table>

Comments

Secretions

Location, appearance:

The New Zealand Secretion Scale

<table>
<thead>
<tr>
<th>Location</th>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil significant pooled secretions in pyriforms or laryngeal vestibule = 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Speech Voice & Swallowing FEES Report
Wythenshawe Hospital Manchester Foundation NHS Trust

| Amount | Nil significant pooled secretions in pyriform fossa (0-20%) = 0  
|        | Secretions in pyriform fossa, not yet full (20-80%) = 1  
|        | Secretions filling (80-100%) or over spilling pyriforms/interarytenoid space = 2  
| Response | Secretions in pyriform fossa or laryngeal vestibule effectively cleared = 0  
|          | Ineffective attempts to clear OR no response to secretions in pyriform fossa = 1  
|          | Ineffective attempts to clear secretions from the laryngeal vestibule = 2  
|          | No response to secretions in laryngeal vestibule = 3  

TOTAL SCORE (7 at worst)

Sensation:
Response to secretions, scope, penetration / aspiration and residue:

Trials:  
Trache cuff status, PMV, ACV, Sprint:

Boluses trialled:

Premature spillage:

Swallow strength:

Residue (response & aspiration risk)

<table>
<thead>
<tr>
<th>Yale Residue Severity Scale</th>
<th>1 No pharyngeal coating/residue</th>
<th>2 Coating of pharyngeal mucosa, no pooling</th>
<th>3 Mild pooling / residue</th>
<th>4 Moderate pooling / residue</th>
<th>5 Severe pooling / residue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valleculae</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pyriform</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Penetration Aspiration Scale

<table>
<thead>
<tr>
<th>Thin fluids</th>
<th>Mildly thick</th>
<th>Moderately thick</th>
<th>Extremely thick</th>
<th>Regular diet</th>
<th>Soft diet</th>
<th>Minced &amp; moist diet</th>
<th>Pureed diet</th>
</tr>
</thead>
</table>

Strategies trialled & effectiveness:

Findings:

Recommendations:

SLT names: