­

Eating, drinking, and swallowing templates

Version 1.1

February 2023

**Contents**

[Background 3](#_Toc87539289)

Case history template 6

Oro-facial assessment template 12

Swallowing assessment template 17

## Background

**During the development of the pre-registration eating, drinking, and swallowing (EDS) competency framework eLearning, the working group developed the following templates. As part of the eLearning students are asked to complete the templates after viewing a video of a person with EDS difficulties. The working group represented the perspectives of speech and language therapists working with people with EDS from a variety of settings and age groups. The following documents are the consensus agreement of what should be included when taking a case history, completing an oro-facial assessment and when recording an EDS assessment. Not all sections will be relevant to every client, but it can be used as a template to ensure all aspects of the assessment process is considered.**

###### **Authors**

|  |  |  |
| --- | --- | --- |
| Name | Job Role | Organisation |
| Aisling Egan | Teaching associate in speech and language therapy | University of Strathclyde |
| Alice Taylor | Student speech and language therapist | City University, London |
| Amy Preston | Clinical specialist speech and language therapist and team lead | West Suffolk NHS Foundation Trust |
| Angela Penny | Highly specialist speech and language therapist | Airedale NHS Foundation Trust |
| Courtney Younger | Student speech and language therapist | University of Sheffield |
| Debra Duggan | Student speech and language therapist | University of Central Lancashire |
| Elsie Esther Anna Snowdon | Student speech and language therapist | University of Central Lancashire |
| Gayle Brookes | Student speech and language therapist | Leeds Beckett University |
| Geraldine Murphy | Senior speech and language therapist | Portsmouth Hospitals NHS Trust |
| Grace Murphy | Locum speech and language therapist | Chelsea and Westminster Hospital Foundation Trust |
| Jane Shaw | Clinical lead for paediatric dysphagia | Sheffield Children’s Hospital |
| Judith Broll | Director of Professional Development | Royal College of Speech and Language Therapists |
| Karen Dyson | Student speech and language therapist | Manchester Metropolitan University |
| Karen Smith | Student speech and language therapist | University of Central Lancashire |
| Kathleen Graham | Senior project manager | Royal College of Speech and Language Therapists |
| Katy Latham | Highly specialist speech and language therapist and lecturer | Oldham Care Organisation and Manchester Metropolitan University |
| Katy Wilson | Clinical specialist speech and language therapist (Respiratory) and RePAIR project lead | Cornwall Partnership NHS Foundation Trust and Health education England/ University of West of England |
| Krystina Crolla-Barker | Allied Health Professions Lead | Merseycare NHS Foundation Trust |
| Laura Bottiglieri | Highly specialist speech and language therapist | Birmingham Community Healthcare NHS Foundation Trust |
| Laura Brewer | Student speech and language therapist | University of Central Lancashire |
| Laura Hammersley | Specialist speech and language therapist | Royal Free London NHS Foundation Trust  |
| Lauren Clarke | Student speech and language therapist | University of Sheffield |
| Louise Emmerson | Highly specialist speech and language therapist | Royal Belfast Hospital for Sick Children |
| Luiza Deaconescu | Specialist speech and language therapist | North East London NHS Foundation Trust |
| Lucinda Somerset | Speech and language therapist and lecturer | Newcastle University |
| Michelle Humphrey | Head of professional development clinical applications  | Royal College of Speech and Language Therapists |
| Rebecca Wilson | Speech and language therapist | Sherwood Forest Hospital Trust |
| Roisin Swainston-Rainford | Student speech and language therapist | Birmingham City University |
| Rosa Suarez Ortiz | Student speech and language therapist | University of Sheffield |
| Samantha Littlefair | Senior lecturer and deputy placement lead | De Montfort University |
| Prof Sue Pownall | Head of Speech and Language Therapy and Clinical Lead in Dysphagia. Academic Director Therapeutics & Palliative Directorate | Sheffield Teaching Hospital NHS Foundation Trust |
| Tamson Chipperfield | Student speech and language therapist | University of East Anglia |
| Thais Cardon | Student speech and language therapist | City University , London |
| Tom Griffin | Professional enquiries manager | Royal College of Speech and Language Therapists |
| Tracey Dailly | Director  | Dailly Communication Matters Ltd |

**Initial EDS case history template**

|  |  |
| --- | --- |
| Demographics |  |
| Consent |  |
| Assessment location and time |  |
| Reason for referral |  |
| Legal information including:* Advanced care planning
* Power of attorney
* Advanced directive
* Resuscitation status
 |  |
| Communication ability, including languages used |  |
| Mental capacity |  |
| Safeguarding |  |
| Social history |  |
| Person with parental responsibility/ next of kin |  |
| Client/Carer expectations of intervention |  |
| **Medical information** |
| Past medical history including disorders of movement or tone |  |
| Current mental wellbeing |  |
| Main diagnosis/presenting condition |  |
| Level of frailty |  |
| Prognosis including gold standards framework |  |
| Sensory impairment* Sight, hearing, touch, smell, taste
* Reaction to sensation
* Reflexes
 |  |
| Multidisciplinary involvement |  |
| Medication |  |
| Sensitivities and allergies |  |
| Reflux (for adults see RSI below) |  |

|  |
| --- |
| **History/Background of Dysphagia** |
| Onset |  |
| Duration |  |
| Stability/progression |  |
| Social and psychosocial impact of difficulties |  |
| Avoidance |  |
| Client/carer description |  |
| Significant swallowing events |  |
| Cultural aspects affecting EDS |  |
| Mealtime routine |  |
| Enjoyment of meals |  |
| Current oral intake |  |
| Mental health/wellbeing of client and carer |  |

|  |
| --- |
| **Respiration** |
| Chest status (current and history) |  |
| Breathing pattern at rest |  |
| Cough |  |
| Oxygen/ventilatory requirements |  |
| S:Z ratio |  |

|  |
| --- |
| **Environment, skills, and behaviours** |
| Positioning |  |
| Skin integrity |  |
| Feeding skills |  |
| Equipment/utensil used |  |
| Environments in which client eats/drinks |  |
| Behaviours or sensory challenges/issues around eating/drinking/mealtimes |  |

|  |
| --- |
| **Nutrition and hydration** |
| Nutrition and hydration status prior to assessment |  |
| Weight/BMI/MUST/ Growth and development |  |
| Urinary output |  |
| Faecal output |  |

|  |
| --- |
| **Risk factors for developing aspiration pneumonia** |
|  | **Yes** | **No** |
| Dependence for oral feeding |  |  |
| Dependence for oral care |  |  |
| Poor oral/dental hygiene |  |  |
| Chest concerns |  |  |
| Comorbidities |  |  |
| Multiple Medications |  |  |
| Mobility status |  |  |
| If yes response then patient is at increased risk of aspiration pneumonia (Langmore, 1998) |

**Oro-facial assessment for clients with eating, drinking, and swallowing difficulties.**

|  |
| --- |
| **Mouth care and dentition -** |
| **Area** | **Comment** |
| Dentures |  |
| Dentition |  |
| Lips |  |
| Tongue |  |
| Gums |  |
| Cheeks |  |
| Palate - Hard and soft |  |
| Under tongue |  |
| Skin integrity |  |
| Level of support for oral care |  |
| Saliva |  |

|  |
| --- |
| **Cranial nerve assessment -** comment on range, rate, accuracy, and strength |
| **Nerve and function -**  | **Possible ways to assess** | **Observations** | **Outcome** |
| V Trigeminal – Conveys sensation to the face and motor to one muscle of the soft palate (tensor veli palatini), muscles of mastication and floor of mouth (mylohyoid and anterior belly digastric) | 1. Tissue or cotton to nostrils should produce wrinkling of nose 2. Clench teeth and palpate masseter and temporalis muscles for bulk3. Strength of masseter and temporalis by jaw opening – against resistance of therapist hand4. Observation of uvula – indicating weakness of tensor veli palantini 5. Palpate dry swallow for hyoid movement  |  |  |
| VII Facial – sensation (taste) to anterior 2/3 of tongue, small area below palatine tonsils and motor function of facial muscles | 1. Taste – sweet (sugar), sour (lemon swab) or salty (salt) 2. Facial symmetry 3. Raise eyebrows - frontalis 4. Open and close eyes (orbicularis oculi) 5. Pretend to blow candles (orbicularis oris)6. Puff cheeks out (buccinators) then try to push air out whilst keeping lips sealed (orbicularis oris). Can gently press on cheeks to check the strength of lip seal7. Close eyes and therapist will gently brush their finger on L+R side of face (forehead, cheek, chin) and ask them to tell you/point where they feel sensation | Changes to facial expressionBlinkingAwareness of anterior loss of salivaLip movements during speech/vocalisations/mouthing |  |
| IX Glossopharyngeal – Sensation to posterior 1/3 tongue, soft palate, pharynx, and motor to pharynx. | 1. Gag reflex – NB the formal assessment of this is a controversial area within SLT and is not used by all SLT’s | Presence/absence of gag during observation including hyper and hyposensitivity  |  |
| X Vagus – sensation to trachea, larynx, pharynx and motor to soft palate, larynx, and pharynx. (Also, oesophageal motility and upper oesophageal sphincter opening and closure). NB assessment of the motor function of the pharynx per vagus nerve is also demonstrating function of stylopharyngeus and pharyngeal constrictors which are innervated by IX | 1. Observe palatal movement when saying “ah” or “ah ah ah”2. Posterior pharyngeal wall gag - NB the formal assessment of this is a controversial area within SLT and is not used by all SLT’s 3. Voice quality – breathy or hypernasal possible bilateral weakness 4. Hoarse voice – unilateral weakness 5. Throat clear/cough on command6. Palpate throat on dry swallow for laryngopharyngeal movement. | Voice qualityCoughing at rest |  |
| XI Accessory – motor to shoulder, neck, and soft palate  | 1. Shrug shoulders up and stop therapist from pushing them down. Check symmetry and power 2. Head turn to right, stop me pushing it back – feel right sternocleidomastoid. Repeat on left | Observation of head, neck, and shoulder movement.Head control |  |
| XII Hypoglossal – motor function to tongue | 1. Tongue protrusion , lateral and superior/inferior movements2. Push tongue into cheek, push into cheek against SALT finger. Tongue deviates to side of lesion 3. Observe for presence/absence of tongue fasciculations  | Tongue movement during speech/ vocalisations/ mouthingTongue movement in response to bolus |  |

**Recording sheet for swallowing assessment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Trial 1**  | **Trial 2** | **Trial 3** | **Trial 4** | **Trial 5** | **Trial 6** |
| **Pre-oral** | **Bolus description (IDDSI level)** |  |  |  |  |  |  |
| **Manoeuvres/ strategies** |  |  |  |  |  |  |
| **Advice** |  |  |  |  |  |  |
| **Volume and temperature** |  |  |  |  |  |  |
| **Position of client** |  |  |  |  |  |  |
| **Head and trunk control lip closure at rest** |  |  |  |  |  |  |
| **Assistance required e.g., position/role/perspective of carer (if being fed)** |  |  |  |  |  |  |
| **Level of alertness/fatigue and communicative ability** |  |  |  |  |  |  |
| **Utensil/ specialist feeding equipment** |  |  |  |  |  |  |
| **Feeding ability** |  |  |  |  |  |  |
| **Pace of feeding – observed or advised** |  |  |  |  |  |  |
| **Pre-oral behaviours** |  |  |  |  |  |  |
| **Oral** | **Bolus removal from utensil** |  |  |  |  |  |  |
| **Lip seal/anterior bolus control** |  |  |  |  |  |  |
| **Bite/suck**  |  |  |  |  |  |  |
| **Oral manipulation of bolus (including chewing)** |  |  |  |  |  |  |
| **Changes to saliva**  |  |  |  |  |  |  |
| **Nasal regurgitation** |  |  |  |  |  |  |
| **Timing of oral phase** |  |  |  |  |  |  |
| **Oral residue/pocketing** |  |  |  |  |  |  |
| **Pharyngeal** | **Swallow triggered – effort, number, elevation, excursion, timing** |  |  |  |  |  |  |
| **Respiration changes** |  |  |  |  |  |  |
| **Voice quality e.g., wet/breathy** |  |  |  |  |  |  |
| **Globus** |  |  |  |  |  |  |
| **Cough/ throat clearing - (presence, strength, duration)**  |  |  |  |  |  |  |
| **Prompts - verbal and physical** |  |  |  |  |  |  |
| **Oesophageal**  | **Eructation/ belching** |  |  |  |  |  |  |
| **Regurgitation/ reflux** |  |  |  |  |  |  |
| **Other including sticking sensation, pain** |  |  |  |  |  |  |
| **Other** | **Altered reflexes** |  |  |  |  |  |  |
| **Other, including signs of distress.** **(eye watering, colour changes)** |  |  |  |  |  |  |

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

[rcslt.org](http://www.rcslt.org/) | info@rcslt.org | @RCSLT

