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| **Patient information**  |
| **\*\*Local patient identifier** *(NOT NHS number)* |  | **\*\*Year of birth**  |  |
| **\*\*Gender**  | [ ]  M | ☐ F | ☐ Other | **Hospital Admission Date** |  |
| **\*\*Location**  | [ ]  ICU | [ ]  Acute wards | [ ]  Outpatient | [ ]  Domiciliary | [ ]  Care home | [ ]  Other |
| **\*\*Primary medical diagnosis on admission/****referral** | ☐ Aspiration pneumonia☐ Benign conditions of the larynx☐ Brain injury☐ Cardiac & cardiovascular ☐ Fall☐ Febrile☐ Gastro-oesophageal & gastro-intestinal☐ General deterioration☐ Head & neck tumour (incl. surgery)☐ Hepatological☐ Major trauma☐ Neurological - non-progressive☐ Neurological - progressive☐ Oncology☐ Renal☐ Respiratory (incl. tracheostomy)☐ Respiratory failure☐ Sepsis☐ Spinal condition☐ Stroke☐ Other | **\*\*Past Medical History**  | ☐ Benign conditions of the larynx ☐ Brain injury☐ Cardiac & cardiovascular☐ Dementia☐ Dermatological☐ Endocrine☐ Fabricated illness (safeguarding)☐ Frailty☐ Gastro-oesophageal☐ General deterioration☐ Head and neck tumour (incl. surgery)☐ Hearing and Auditory Processing Impairments☐ Hepatological☐ Immunology☐ Infectious diseases☐ Learning Disability & Autism Spectrum Disorders☐ Major Trauma☐ Mental health (excl. dementia)☐ Neurological – non-progressive☐ Neurological – progressive☐ Oncology☐ Neurodevelopmental Disorders & Syndromes (incl. Cerebral Palsy and Craniofacial)☐ Prematurity☐ Renal☐ Respiratory (incl. tracheostomy)☐ Spinal condition☐ Stroke☐ Structural airway☐ Visual Impairment☐ Other |
| **\*Pre-existing Dysphagia (Fluids)** | ☐ No pre-existing Dysphagia☐ Level 0 Thin☐ Level 1 Slightly Thick☐ Level 2 Mildly Thick☐ Level 3 Moderately Thick☐ Level 4 Extremely Thick☐ Not known☐ Not applicable | **\*Pre-existing Dysphagia (Diet)** | ☐ No pre-existing Dysphagia☐ Level 3 Liquidised☐ Level 4 Pureed☐ Level 5 Minced & Moist☐ Level 6 Soft and Bite-sized☐ Level 7 Easy to Chew☐ Level 7 Regular☐ Not known☐ Not applicable |
| **Date COVID +ve confirmed** |  | **Date COVID -ve confirmed** |  |
| **Intubation/tracheostomy status** |
| **Date(s) of intubation** |  | **Date(s) of extubation** |  |
| **Grade(s) of intubation** | ☐ Grade I☐ Grade II☐ Grade III | ☐ Grade IV☐ N/A☐ Not known | **\*Total number of endotracheal tubes (ETT)** |  |
| **\*Total number of days intubated** |  |
| **Date of trache insertion** |  | **Percutaneous or Surgical** | ☐ Surgical☐ Percutaneous☐ Not applicable |
| **Trache size (initial tube)** | ☐ Portex size 6.0/6.5☐ Portex size 7.0/7.5☐ Portex size 8.0/8.5☐ Portex size 9.0/9.5☐ Shiley size 6.0/6.5☐ Shiley size 7.0/7.5☐ Shiley size 8.0/8.5☐ Shiley size 9.0/9.5☐ Tracoe Twist size 6.0/6.5☐ Tracoe Twist size 7.0/7.5☐ Tracoe Twist size 8.0/8.5☐ Tracoe Twist size 9.0/9.5☐ Other☐ Not applicable | **Type of Trache** | ☐ No subglottic suction port☐ Subglottic suction port☐ Adjustable flange without subglottic port☐ Adjustable flange with subglottic port☐ Not applicable☐ Not known |
| **Trache downsized as part of the weaning process?** |  | **Date of decannulation** |  |
| **\*Total number of days with tracheostomy** |  |

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| **Referral to speech and language therapy** |
| Date of Referral to SLT  |  | **\*\*Response time (from referral to assessment)**  | ☐ Patient seen within 1 working day ☐ Patient seen within 2 working days☐ Patient seen within 3 working days☐ Patient seen within 4-7 working days☐ Patient seen after more than 7 working days☐ Not applicable |
| \*Reason for delay in SLT assessment *(where relevant)* | ☐ Staff availability☐ Medically unwell☐ Aerosol concerns☐ Awaiting testing outcome☐ Lack of PPE☐ Staff expertise☐ Not applicable | **\*\*Reason for referral** **(select as many reasons as apply)** | ☐ Dysphagia☐ Trache wean☐ Trache + Dysphagia☐ Communication (incl. AAC)☐ End of life☐ Risk Feeding decision☐ Coughing on oral intake☐ Dysphonia☐ Mental capacity assessment ☐ Not applicable |

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|  **\*\*SLT Diagnosis (select as many diagnoses as apply)** | ☐ Post-extubation dysphagia☐ Dysphagia☐ Dysarthria | ☐ Dysphonia☐ Aphasia☐ Dyspraxia | ☐ Cognitive Communication Disorder☐ Not applicable |

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| **Activity Prior to or During Initial Assessment** |
| **Remote activity (select as many as apply)** | ☐ Directed swallow screen☐ Diet or fluid recommendation☐ Proxy strategies☐ Indirect notes review☐ Mouthcare advice☐ Advice and support to patient/family☐ Advice and support to staff/others☐ Telehealth assessment/management☐ None☐ Not applicable | **Face to face activity (select as many as apply)** | ☐ Swallow assessment☐ Communication assessment☐ Instrumental assessment☐ Weaning support☐ Joint MDT session☐ Mouthcare☐ Communication intervention☐ Swallowing intervention☐ Secretion management☐ Cuff deflation trials☐ PMV or OWV trials☐ Mental capacity assessment ☐ Above Cuff Vocalisation☐ AAC☐ Advice and support to patient/family☐ Risk feeding advice/interventions☐ None☐ Not applicable |

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| **Initial assessment** |
| **\*\*Date of initial SLT assessment**  |  | **\*\*COVID-19 status (at initial assessment)** | ☐ Positive☐ Negative  | ☐ Suspected☐ Not known |
| **\*Respiratory support at initial assessment**  | ☐ Oxygen via nasal specs☐ HFNO☐ CPAP hood/helmet | ☐ Trache and ventilated☐ Trache and oxygen☐ Trache and room air | ☐ High flow face mask ☐ Low flow face mask☐ Not applicable |
| Dysphonia TOM: impairment - initial score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Grade - initial score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Roughness - initial score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Breathiness - initial score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Asthenia - initial score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Strain - initial score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Dysphagia TOM: impairment - initial score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Functional Oral Intake Scale *(if applicable)* | ☐ Level 1 | ☐ Level 2 | ☐ Level 3 | ☐ Level 4 | ☐ Level 5 | ☐ Level 6 | ☐ Level 7 | ☐ N/A |
| Communication AAC TOM: activity - initial score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Trache TOM: impairment - initial score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Oral hygiene TOM: impairment - initial score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| **\*Fluid Recommendations (initial assessment)** | ☐ No Fluids Orally☐ Limited quantities of water only☐ Unlimited quantities of water only☐ Level 0 Thin☐ Level 1 Slightly Thick☐ Level 2 Mildly Thick☐ Level 3 Moderately Thick☐ Level 4 Extremely Thick☐ Not applicable | **\*Food Recommendations (initial assessment)** | ☐ No Food Orally☐ Limited quantities of Level 3/4 only☐ Level 3 Liquidised☐ Level 4 Pureed☐ Level 5 Minced & Moist☐ Level 6 Soft and Bite-sized☐ Level 7 Easy to Chew☐ Level 7 Regular☐ Not applicable |

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| **FEES & VFSS** |
| **FEES indicated?**  | ☐ Yes☐ No☐ Not applicable | **FEES completed**  | ☐ Yes☐ No☐ Not applicable |
| **Reason for being unable to complete FEES (Please select main reason)**  | ☐ Lack of access to equipment☐ Lack of access to trained staff☐ National advice against conducting FEES☐ Not applicable | **Penetration Aspiration Scale (FEES)** | ☐ 1 ☐ 2 ☐ 3☐ 4 ☐ 5  | ☐ 6 ☐ 7 ☐ 8 ☐ N/A |
| **VFSS indicated?**  | ☐ Yes☐ No☐ Not applicable | **VFSS completed?** | ☐ Yes☐ No☐ Not applicable |
| **Reason for being unable to complete VFSS (Please select main reason)**  | ☐ Lack of access to equipment☐ Lack of access to trained staff☐ National advice against taking COVID-19 positive patients to VFSS☐ All VFSS has been stopped☐ Not applicable | **Penetration Aspiration Scale (VFSS)** | ☐ 1 ☐ 2 ☐ 3☐ 4 ☐ 5  | ☐ 6 ☐ 7 ☐ 8 ☐ N/A |

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| **Therapy** |
| **\*\* Care pathway (objective of intervention)**  | ☐ Improvement ☐ Sustain☐ Managed decline☐ Not applicable | **\*\*Therapy implemented** | ☐ Yes ☐ No☐ Not required |
| **\*Type of Therapy (select as many as apply)** | ☐ Mendelsohns☐ CTAR☐ Shaker☐ Masako☐ Oral exercises☐ Voice exercises☐ EMST☐ FOTT☐ NMES☐ Pharyngeal Electrical Stimulation☐ sEMG☐ AAC intervention☐ Communication therapy☐ Breathing exercises☐ Not applicable☐ Other (please state) | **Other intervention - please state:**  |  |

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| **Discharge**  |
| **\*\*Date of discharge from SLT** |  | **\*COVID-19 status (on discharge)** | ☐ Positive☐ Negative  | ☐ Suspected☐ Not known |
| **\*\*Reason for discharge from SLT** | ☐ Advice only☐ Resolved☐ New baseline | ☐ Deteriorated☐ End of life/risk feeding ☐ Died | ☐ Transferred (to another service/hospital)☐ Not applicable |
| **\*Respiratory support at discharge from SLT**  | ☐ Oxygen via nasal specs☐ HFNO☐ CPAP hood/helmet | ☐ Trache and ventilated☐ Trache and oxygen☐ Trache and room air | ☐ High flow face mask ☐ Low flow face mask☐ Not applicable |
| Dysphonia TOM: impairment - final score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Grade - final score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Roughness - final score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Breathiness - final score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Asthenia - final score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Strain - final score (GRBAS) *(if applicable)* | ☐ 0 Normal | ☐ 1 Mild  | ☐ 2 Moderate | ☐ 3 Severe | ☐ N/A |
| Dysphagia TOM: impairment - final score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Functional Oral Intake Scale *(if applicable)* | ☐ Level 1 | ☐ Level 2 | ☐ Level 3 | ☐ Level 4 | ☐ Level 5 | ☐ Level 6 | ☐ Level 7 | ☐ N/A |

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| Communication AAC TOM: activity - final score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Trache TOM: impairment - final score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| Oral hygiene TOM: impairment - final score *(if applicable)* | ☐ 0 | ☐ 0.5 | ☐ 1.0 | ☐ 1.5 | ☐ 2.0 | ☐ 2.5 | ☐ 3.0 | ☐ 3.5 | ☐ 4.0 | ☐ 4.5 | ☐ 5.0 | ☐ N/A |
| **\*Fluid Recommendations (discharge)** | ☐ No Fluids Orally☐ Limited quantities of water only☐ Unlimited quantities of water only☐ Level 0 Thin☐ Level 1 Slightly Thick☐ Level 2 Mildly Thick☐ Level 3 Moderately Thick☐ Level 4 Extremely Thick☐ Not applicable | **\*Food Recommendations (discharge)** | ☐ No Food Orally☐ Limited quantities of Level 3/4 only☐ Level 3 Liquidised☐ Level 4 Pureed☐ Level 5 Minced & Moist☐ Level 6 Soft and Bite-sized☐ Level 7 Easy to Chew☐ Level 7 Regular☐ Not applicable |
| **Time involved in activities related to this individual patient (hours)**  | ☐ < 1 ☐ 1 - 3 ☐ 4 - 6 ☐ 7 - 9  | ☐ 10 - 15 ☐ 16 - 20 ☐ > 20  | **Total number of contacts** |  |

**Reference sheet**

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| **Dysphonia TOM (Impairment)** **Enderby and John (2019)**  |
| 0 Profound | Severe persistent aphonia: unable or does not phonate |
| 1 Severe consistent dysphonia | Occasional phonation. May be dysphonic with aphonic episodes |
| 2 Moderate dysphonia | Can phonate but frequent episodes of marked vocal impairment. |
| 3 Moderate/mild dysphonia | Less frequent episodes of dysphonia, for example occurs some time each day/or slight persistent “huskiness”. |
| 4 Mild dysphonia | Occasional episodes of dysphonia occurring, for example on a weekly basis or less. |
| 5 No dysphonia | Appropriate/modal voice consistently used. |
| **GRBAS - Hirano (1981)** |
| **Grade** | **Roughness** | **Breathiness** | **Asthenia** | **Strain** |
| 0 Normal | 0 Normal | 0 Normal | 0 Normal | 0 Normal |
| 1 Mild  | 1 Mild  | 1 Mild  | 1 Mild  | 1 Mild  |
| 2 Moderate | 2 Moderate | 2 Moderate | 2 Moderate | 2 Moderate |
| 3 Severe | 3 Severe | 3 Severe | 3 Severe | 3 Severe |
| **Dysphagia TOM (Impairment)** **Enderby and John (2019)** |
| 0 Profound | Aphagia: Not safe to swallow due to cognitive status/no bolus control/aspiration/absence of oral/pharyngeal swallow. Clinical signs of aspiration. No effective cough reflex. May need regular suction. |
| 1 Severe dysphagia | Weak oral movements/no bolus control/inadequate/inconsistent swallow reflex. High and constant risk of aspiration. |
| 2 Severe/Moderate dysphagia | Cough/swallow reflexes evident but abnormal or delayed. Uncoordinated oral movements. At regular risk of aspiration |
| 3 Moderate dysphagia | Swallow and cough reflex present. May have poor oral control. At occasional risk of aspiration. |
| 4 Mild oral/pharyngeal dysphagia | incoordination but no clinical risk or evidence of aspiration |
| 5 No evidence of dysphagia | - |
| **Functional Oral Intake Scale - Crary et al (2015)** |
| Level 1 Nothing by mouth |
| Level 2 Tube-dependent with minimal attempts of food or liquids |
| Level 3 Tube-dependent with consistent oral intake of food or liquids |
| Level 4 Total oral diet of a single consistency |
| Level 5 Total oral diet with multiple consistencies but requiring special preparations or compensations |
| Level 6 Total oral diet with multiple consistencies without special preparation but with specific food limitations |
| Level 7 Total oral diet with no restrictions |
| **Communication AAC TOM (Impairment)** **Enderby and John (2019)** |
| 0 No consistent functional communication | Functioning at pre-intentional level |
| 1 Limited functional communication | Using some purposeful responses to indicate limited needs or feelings with informed/familiar communication partners within limited contexts. Can communicate 'yes' and 'no'. Limited communicative intent |
| 2 Communicates basic needs and information | to informed/familiary communication partners. Consistent attempts at purposeful communication in limited contexts. Some communicative intent. |
| 3 Consistent level of communication | relating to subjects outside the immediate context. Can transfer more complex message. May be limited in output relating to restricted access to symbol set or other barriers to vocabulary. Some inconsistency. Communicates beyond here and now with familiar persons and in some contexts. Consistent communicative intent. |
| 4 Functional communication | available to the individual in most circumstances and with broad range of individuals. Only occasional difficulty. Access to extensive vocabulary which meest needs. May have difficulty/reticence in some environments. Consistent communicative intent.  |
| 5 Able to communicate with anyone | in any circumstance using broad range of communication modes |
| **Tracheostomy TOM (Impairment)****Enderby and John (2019)** |
| 0 Cuffed tracheostomy. Cuff up all the time | May have a suction aid. Requires frequent suctioning. Heavily dependent on oxygen (> 4l for 24 hours). May require medication to aid secretion or respiratory management. (e.g. hyoscine/nebulisers/). May require physiotherapy input. |
| 1 Cuff partially deflated or periods of cuff deflation | Requires regular suctioning. Moderate 02 oxygen requirements (<4l for 24 hours). May require medication to aid secretion or respiratory management. May require physiotherapy input. |
| 2 Tolerating continuous cuff deflation or cuffless tracheostomy in situ | Minimal suction and 02 required (daily but not continuous). May require medication to aid secretion or respiratory management. |
| 3 Cuff deflated/cuffless tube. Tolerating one way valve continuously | May require occasional suction. May require medication to aid secretion/respiratory management. |
| 4 Cuff deflated/cuffless tube. Tolerates capping trials | Minimal/ no suction required. May require medication to aid secretion/respiratory management. 4.5 Decannulated. May require assistance to manage secretions (e.g. hyocine/nebulisers/ oral suction). |
| 5 Decannulated | No tracheostomy required. Stable respiratory function. Independently maintaining airway. No suction required. |
| **Oral hygiene TOM (Impairment)****Enderby and John (2019)** |
| 0 Profoundly unhealthy oral mucosa, with evidence of widespread wet or dried, thick mucous and/or blood plaques or food debris. Open ulcerations/bleeding, blistered tongue. Clinical signs of infection. |
| 1 Severely unhealthy oral mucosa, with evidence of persistent generalized plaques, food debris, thick coating of mucous or blood on oral structures, recurrent ulcers/ blisters. High and constant risk of infection. |
| 2 Severe/moderately unhealthy status of oral mucosa, has specific severe difficulty in maintaining more than one element of healthy oral mucosa, e.g., widespread oral thrush, cracked lips, inflammation, food debris. At regular risk of infection. |
| 3 Moderately unhealthy status of oral mucosa requires regular oral hygiene programme. May have specific more severe difficulty in maintaining one element of healthy oral mucosa, e.g., food debris, coated tongue, dry lips, localized oral thrush or debris to one structure. |
| 4 Mild status of oral mucosa, healthy oral mucosa but may require increased frequency of mouth care. |
| 5 Healthy oral mucosa, pink, perfuse, moist and clean. |
| **Penetration Aspiration Scale - Rosenbek et al (1996)** |
| 1 Material does not enter the airway |
| 2 Material enters the airway, remains above the vocal folds and is ejected from the airway |
| 3 Material enters the airway, remains above the vocal folds, and is not ejected from the airway |
| 4 Material enters the airway, contacts the vocal folds, and is ejected from the airway |
| 5 Material enters the airway, contacts the vocal folds, and is not ejected from the airway |
| 6 Material enters the airway, passes below the vocal folds, and is ejected into the larynx or out of the airway |
| 7 Material enters the airway, passes below the vocal folds, and is not ejected from the trachea, despite effort |
| 8 Material enters the airway, passes below the vocal folds, and no effort is made to eject |

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| **References**  |
| Crary, M. A., Mann, G. D. C., & Groher, M. E. (2005). Initial psychometric assessment of a functional oral intake scale for dysphagia in stroke patients. Archives of physical medicine and rehabilitation, 86(8), 1516-1520. |
| Enderby, P., John, A. (2019) Therapy Outcome Measure User Guide. Croydon: J & R Press Ltd. |
| Hirano, M. (1981) Clinical Examination of Voice. New York, NY: Springer-Verlag. |
| Rosenbek, J. C., Robbins, J. A., Roecker, E. B., Coyle, J. L., & Wood, J. L. (1996). A penetration-aspiration scale. Dysphagia, 11(2), 93-98. |