

Chart Review and Case History

Patient Name _____ Room _____

CHART REVIEW

Respiratory Status _____

Presenting Complaint _____

Symptoms _____

Duration _____

Medical Status _____

Nutritional Status _____

CASE HISTORY

Presentation/Posture _____

Orientation _____

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Chart Review and Case History *Continued*

Alertness _____

Secretions _____

Complaint _____

Onset: When did the disorder begin? _____

Duration _____

Symptoms: What specifically happens when you attempt to swallow?

Does the material stop somewhere along the way? If so, where?

High or low in the throat? _____

Do you cough or choke? _____

If the food collects, can you point to the spot in your throat where you feel the material collect? _____

Course: Did it worsen gradually or rapidly? _____

Consistencies: What consistency is easiest to swallow? _____

Therapist _____ Date _____

Patient Swallowing Interview

Patient _____ Date _____

Name of Informant _____

History and Awareness of the Problem

How long have you had a problem with swallowing? _____

Is the problem getting worse, getting better, or staying the same? _____

Did the problem start gradually or suddenly? _____

What do you think was the cause? _____

Have you found any tricks that help you eat more easily? _____

How does your problem with swallowing make you feel? _____

Oral Stage

Does saliva dribble from your mouth? _____

Does food or drink dribble from your mouth? _____

Does food get left in your cheeks or stuck to the roof of your mouth after you have swallowed? _____

Does food or drink ever come out of your nose? _____

Is it hard to take food from a spoon or drink from a cup? _____

Is it difficult to chew? _____

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Pharyngeal Stage

Is it difficult to get the food to go down your throat? _____

Do you cough or choke after eating? _____

Do you need to swallow more than once? _____

Do you have to wash down mouthfuls of food with a drink? _____

Do you feel hungry even after eating? _____

Have you lost weight? _____

How much? _____

Since when? _____

Esophageal Stage

Do you experience chest pain after swallowing? _____

Does food ever come back up in your throat? _____

Do you sometimes feel like you want to throw up after swallowing?

Other Comments

Quick Reference Table for Swallowing Problems

Swallowing Problems	Patient Types	Symptoms	Other Symptoms	Consider This	Signs of Dehydration
Dysphagia	Stroke	Gurgly voice	One-sided weakness	Insert dentures	Thirst
Oral phase deficits	Head injury	Coughing	Decreased endurance	Change diet or liquid levels	Fever
Pharyngeal phase deficits	Diabetes	Choking	Decreased attention	Reduce distractions	Dry skin
Esophageal problems	Parkinson's	Pocketing food	Decreased alertness	Position at 90-degree angle	Dry mouth
Delayed swallow	Arthritis	Spiked temperature	Distractible	Monitor food amounts	Smelly or cloudy urine
Reflux	Tumors	Pneumonia	Impulsive	Slow pace	Weight loss
Aspiration	Alzheimer's	Weight loss	Visual neglect	Use stronger side (body/vision)	Loss of ability to perspire
	Spinal cord injury	Poor appetite	Confusion	Alternate solids/liquids	Decreased alertness
	Cerebral palsy	Vomiting	Decreased positioning	Follow signs of precautions	Eyes are dark and have circles or are sunken
	Elderly	Nasal leakage	Decreased cognition	Current medications	
		Congestion	Poor fitting dentures		

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Swallowing Disorders: Symptoms and Causes Classified by Phase

Stage of Swallow	Normal Swallow	Symptoms	Cause
Mastication	Chewing solid or semi-solid food	Difficulty chewing	<ul style="list-style-type: none"> • Poor alignment of upper and lower jaw • Reduced buccal tension • Reduced lateral/rotary mandibular movement • Reduced range of tongue movement
Oral Preparatory Phase	Collecting material into a cohesive bolus	<ul style="list-style-type: none"> • Aspiration prior to swallow • Difficulty forming and controlling bolus • Pocketing in anterior and lateral sulcus 	<ul style="list-style-type: none"> • Inadequate tongue strength and buccal tension • Reduced tongue movement • Tongue thrust • Weak lip closure
Oral Phase	<ul style="list-style-type: none"> • Tongue propels bolus posteriorly • Swallowing reflex initiated 	<ul style="list-style-type: none"> • Anterior rather than posterior tongue movement • Aspiration prior to swallow • Groping tongue movement • Premature swallow • Residue in oral cavity • Weak tongue movement 	<ul style="list-style-type: none"> • Apraxia of swallow • Reduced range of tongue movement • Reduced strength and tension of oral musculature • Tongue thrust
Pharyngeal Phase	<ul style="list-style-type: none"> • Cricopharyngeal sphincter relaxes to let bolus pass into pharynx • Laryngeal closure and elevation • Pharyngeal peristalsis triggered • Velopharyngeal closure 	<ul style="list-style-type: none"> • Aspiration during and after the swallow • Delayed pharyngeal transit time • Nasal and tracheal penetration of bolus • Residue on pharyngeal walls, valleculae, or pyriform sinuses 	<ul style="list-style-type: none"> • Cervical osteophytes • Cricopharyngeal dysfunction • Inadequate velopharyngeal closure • Pharyngeal paralysis • Reduced pharyngeal peristalsis • Reduced movement of tongue base and larynx
Esophageal Phase	Bolus enters esophagus and is propelled to the stomach	<ul style="list-style-type: none"> • Reflux 	<ul style="list-style-type: none"> • Diverticulum • Esophageal obstruction • Reduced esophageal peristalsis • Tracheoesophageal fistula • Weak cricopharyngeus

Differential Diagnosis of Dysphagia as Suggested by Clinical Examination

Symptom	Possible Diagnosis
Difficulty swallowing liquids and solids	Involvement of esophageal structures
Swallowing is affected by temperature of the food or liquid	Involvement of esophageal structures
Chest pain	Decreased esophageal peristalsis
Normal speech and vocal quality	Cricopharyngeal or esophageal involvement
Greater difficulty swallowing liquids	Neurological involvement
Hyperactive gag reflex, tonic bite reflex, or tongue thrust	Neurological involvement
Greater difficulty swallowing solids with normal tolerance of liquids	Possible physical abnormality or obstruction in oropharyngeal or esophageal pathways
Nasal penetration of bolus	Velopharyngeal dysfunction
Pain associated with swallowing	May rule out neurological involvement
Dysphagia secondary to medication	May rule out involvement of esophageal structures
Normal ability to swallow when given oral instructions; swallow is impaired when food or liquid is presented without oral directions	Swallowing apraxia