

Massey Bedside Swallowing Screen

This swallowing screening tool may be used as the preliminary screening of a patient's swallowing abilities.

Patient Name: _____

Date of Screen: _____ Time of Screen: _____ Date of Admission: _____

	Yes	No	Comments
1. Patient is alert (can follow command)	<input type="checkbox"/>	<input type="checkbox"/> (If No, Stop)	_____
2. Dysarthria (speech slurred or garbled)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Aphasia (trouble speaking or understanding words)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Able to clench teeth	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Able to close lips	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Face is symmetrical with movement	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Tongue is midline	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Uvula is midline	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Gag reflex is present	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Has voluntary cough (have patient cough 2 times)	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Able to swallow own secretions (no drooling)	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Swallow reflex is present	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Give a teaspoon of water			
a. swallows without choking	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. voice sounds gurgly	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. coughed after water	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. water dribbles out of mouth	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Give 60 cc of water (if teaspoon was tolerated)			
a. swallows without choking	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. voice sounds gurgly	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. coughed after water	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. water dribbles out of mouth	<input type="checkbox"/>	<input type="checkbox"/>	_____

For more information, go to <http://www.patientsafetyauthority.org>.

This form accompanies the following:

Does your admission screening adequately predict aspiration risk?

Pa Patient Saf Advis [online] 2009 Dec [cited 2009 Dec 1].

Available from Internet: [http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2009/Dec6\(4\)/Pages/115.aspx](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2009/Dec6(4)/Pages/115.aspx).