

## BLaST IU #17 Swallowing/Feeding Consultation

Name \_\_\_\_\_ Date of Consultation \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_ School/Teacher \_\_\_\_\_  
Diagnosis \_\_\_\_\_ Physician's Name \_\_\_\_\_  
Name of SLP/OT/Nurse working with child \_\_\_\_\_

Medical History  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for  
Referral \_\_\_\_\_

### **Muscle Tone and Movement Patterns**

#### **Tone**

- WNL
- hypertonic  hypotonic
- mixed
- other \_\_\_\_\_

#### **Extensor Patterns**

- WNL  abnormal

#### **Flexor Patterns**

- WNL  abnormal

### **Response to Sensory Environment**

- WNL
- hyporeactive
  - face
  - oral cavity
  - other \_\_\_\_\_

#### **Stability (Proximal)**

- WNL  decreased
- pelvis
- at trunk
- at shoulder

#### **Mobility/Planes of Movement**

- straight
- lateral

### **Structure/Function**

#### **Respiratory Patterns/Pulmonary Status**

- WNL
- stridor
- wet vocal quality
- tracheostomy \_\_\_\_\_

#### **Jaw**

- WNL
- asymmetrical at rest
- asymmetrical on opening
- at rest, jaw open

- O<sub>2</sub> dependent \_\_\_\_\_
- abnormal breathing
  - shallow       reverse
  - thoracic       belly
- other \_\_\_\_\_

- at rest, jaw closed
- thrust
- cannot maintain closure
- other \_\_\_\_\_

**Head Control**

- midline/WNL       WNL
- in sitting, holds head up for \_\_\_\_\_
- other \_\_\_\_\_

**Checks**

- WNL       abnormal tone
- other \_\_\_\_\_

**Lips**

- WNL       asymmetry at rest
- at rest, lips open       at rest, lips closed
- cannot spread
- cannot pucker
- other \_\_\_\_\_

**Palate**

- WNL
- high arched
- cleft soft palate
- cleft hard palate (uni/bi/sub)
- other \_\_\_\_\_

**Gums/Teeth**

- WNL       ground down teeth
- gums swollen/cracked
- overbite       underbite
- decay
- other \_\_\_\_\_

**Tongue**

- WNL
- asymmetrical at rest
- abnormal tone \_\_\_\_\_
- frenum restricts movement
- cannot protrude
- cannot elevate tip
- cannot lateralize (L/R) \_\_\_\_\_
- other \_\_\_\_\_

**Nutritive Feeding Evaluation**

**Abnormal Reflexes**

- tonic bite       tongue thrust
- jaw thrust       overactive gag
- tongue retraction

**Feeding Position**

- Child feeds self       yes       no
- Child fed by \_\_\_\_\_
- supine with head elevated
  - prone       sitting unsupported

**Cup Drinking**

- CNA\*       all WNL
- Type of Liquid \_\_\_\_\_
- Type of Cup
- spout       cut-out cup
- lid w/out spout
- open top
- Moves Liquids
- with suck       unable to use cup
- Extension/Retraction Pattern of Tongue
- WNL       tongue thrust

- sidelying                       head support required
- reclined/elevated
- seating device \_\_\_\_\_
- other \_\_\_\_\_

**Spoon Feeding**

- CNA\*                               all WNL
- Type of Spoon \_\_\_\_\_
- Type of Food \_\_\_\_\_
- Waits quietly for spoon         yes                       no
- jaw thrust
- Lips Assist in Food Removal  yes     no
- Moves Food Well Posteriorly  yes     no
- tongue thrust                       tongue retracted
- Cleans Lower Lip with Top Teeth  yes  no
- Licks Lips Clean                 yes                       no
- Amount Consumed \_\_\_\_\_ in \_\_\_\_\_ minutes
- Moves Food From Tongue to Chewing Surface
- Right     yes  no                      Left     yes     no
- Diagonal/Rotary Chew                       yes     no
- Moves Food From One Side to the Other  yes  no
- Moves Food Posteriorly         yes     no
- tongue thrust                       tongue retracted  tongue bunched
- Moves Tongue Independent of Jaw     yes     no
- Lips Active During Chewing                 yes     no
- Lips Retracted During Chewing         yes     no

- Anterior Loss     normal     excessive
- Jaw Opening Graded     yes     no
- Jaw Thrust                       yes     no

- Stabilizes Cup
- with tongue under cup
- by biting on cup
- Upper Lip Closes on Edge of Cup
- yes     no     lip retraction
- Up-Down Sucking Motion
- yes     no

**Biting/Chewing Food**

- CNA                                       all WNL
- Type of Food: \_\_\_\_\_
- Phasic Bite Pattern     yes     no
- Sustained Bite Pattern  yes     no
- Jaw Movement Graded  yes     no
- Wide Jaw Excursion     yes     no

**Sucking With Straw**

- CNA                                       all WNL
- Lip Closure Adequate  yes     no
- Anterior Loss     none     excessive
- strength of suck weak

If Fed, how does the feeder respond to the child's cues?

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\* Could Not Assess

**Child's State**

	Before	During	After
alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lethargic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

irritable, calmed easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
irritable, difficult to calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
distractible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
combative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Response to Feeding**

- changes in respiratory function
- left/right neglect
- aware/unaware of difficulty
- follows directions
- vomiting
- increased hypertonicity
- increased hypotonicity
- postural changes
- other signs of distress \_\_\_\_\_

**Control of Oral Secretions**

- WNL
- pooling in mouth/pharynx
- drooling \_\_\_\_\_ seldom \_\_\_\_\_ frequent \_\_\_\_\_ always
- awareness of drool

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pharyngeal Symptoms**

- congestion     coughing/gagging     multiple swallows     wet vocal sounds
- delayed swallow initiation     changes in breathing     other \_\_\_\_\_
- wet, gurgly or hoarse vocal quality after swallow \_\_\_\_\_ solids \_\_\_\_\_ liquids