Please use I.D. label or block print

FIONA STANLEY FREMANTLE HOSPITAL GROUP

SPEECH PATHOLOGY HANDOVER FOR INSTRUMENTAL SWALLOW STUDY

MANAGING SPEECH PATHOLOGIST _____

SURNAME	UMRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
Referring Doctor:	TELEPHONE	

EMR501470

IDENTIFICATION AND BACKGROUND

Requested Study & Videofluoroscopic Swallow Study VFSS ☐ Flexible Endoscopic Swallow Study ☐

Patient summary: *include age, diagnosis, PMHx, SHx (if relevant), diet and fluids (pre-morbid baseline and current), and reason for request. Please structure the summary so that it can be copied to the final report.*

SITUATION

CLINIC ENVIRONMENT

Can the pt sit out in chair for 30mins?	☐ Yes	☐ No
Is the patient able to transfer independently?	☐ Yes	☐ No
If no, are they a 1 person assist?	☐ Yes	☐ No
Does the pt require suctioning and/or oxygen?	☐ Yes	☐ No
Micro precautions (e.g. MRSA, C-Diff etc)?	☐ Yes	☐ No
Allergies?	☐ Yes _____	☐ No
Iodine:	☐ Yes _____	☐ No
Food:	☐ Yes _____	☐ No
Anticoagulation?	☐ Yes _____	☐ No
Recent history, epistaxis / skull fracture?	☐ Yes _____	☐ No

COGNITION

Can the pt remain alert for 30mins?		☐ Yes	☐ No
Is pt alert?	☐ Fully Alert	☐ Fluctuating	☐ Drowsy
Is pt fully orientated?	☐ Yes	☐ No	☐ Inconsistent

LANGUAGE / SPEECH

What language is spoken?	☐ English fluent	☐ Other
If other, is an interpreter needed?	☐ Yes	☐ No
Does pt have a speech +/- language impairment?	☐ Yes	☐ No

If yes, please give a brief description:

DO NOT WRITE IN MARGIN

HANDOVER FOR INSTRUMENTAL SWALLOW STUDY

HCHFSFOR1186

FS1186
08/23

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SPEECH PATHOLOGY HANDOVER FOR INSTRUMENTAL SWALLOW STUDY

MANAGING SPEECH PATHOLOGIST _____

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ADDRESS		POSTCODE
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OBSERVATIONS

SWALLOWING

Dysphagia Severity	☐ NIL	☐ MILD	☐ MODERATE	☐ SEVERE

Diet:	**Fluids:**			
☐ L7 regular	☐ Thin fluids	**Intake**	☐ Full oral intake	☐ Transitional ☐ NBM
☐ L7 easy to chew	☐ Thin H20 protocol	**Enteral Feeding**	☐ NGT	☐ PEG
☐ L6 soft & bite sized	☐ L2 mildly thick	**Supervision**	☐ Nil	☐ Some ☐ Full
☐ L5 minced & moist	☐ L3 mod thick	**Tracheostomy**	☐ YES	☐ NO
☐ L4 puréed	☐ L4 extremely thick	Period of cannulation: _____		

RELEVANT OME RESULTS AND SWALLOW CHARACTERISTICS:

Summary of CN:

Indicators of aspiration:

Dentition: ☐ Own teeth ☐ Partial denture ☐ Full denture

COMPENSATORY / REHABILITATION STRATEGIES TRIALLED AND RESULTS:

AGREED PLAN

STRATEGIES TO BE TRIALLED (IF KNOWN):

READ BACK

Name / Position / Signed:	Date:

☐ Verbal handover provided to: _____ on_____

☐ Written medical referral / radiology request form completed and sent to Radiology (if requesting VFSS).

For further information contact:

Fremantle Hospital
Speech Pathology Department
PO Box 480 Fremantle, 6959
Phone: 9431 2811 | Fax: 9431 2924

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