1. Baseline SpO₂: Monitor SpO₂ throughout screening procedure.
2. Sit patient as upright as possible for RN swallow screen procedure.
3. Auscultate lung sounds before beginning screen and after each sip of water.
4. Assist the patient with oral care prior to performing the swallow screen.
5. If diet order and/or referral to Speech Therapy are needed, please request LIP to order.

Is patient alert enough to be assessed?
Is patient managing oral secretions (able to clear airway, no wet voice, no wet breathing)?

NO

Patient NPO
Refer to SLP if appropriate.

YES

Give 1 teaspoon water

POOR SWALLOW

Give 2nd teaspoon water

POOR SWALLOW

Give 4 oz. (120 mL) water
Ask patient to “drink naturally”

POOR SWALLOW

ADEQUATE SWALLOW

Patient NPO
Refer to SLP.

NO attempt to swallow
Water leaks out of mouth
Coughing
Choking
Wet / gurgly voice
SpO₂ drop > 2%
Lung sounds worse (esp. Rt)
Any other reason RN feels unsafe

ADEQUATE SWALLOW

Order “Mechanical Soft and Thin Liquid” diet for patients with compromised dentition.
Order Regular diet as tolerated.

At first meal, check for pocketing, difficulty chewing, and fatigue. Refer to SLP if difficulties are noted; If no problems, advance diet as tolerated.