

Comprehensive Swallow-Voice Assessment (CSA)

Patient Name _____ Facility _____
 Referring Physician _____ Patient # _____
 Date of Evaluation _____ Medicare # _____
 Medical SLP _____ D.O.B. _____ Age _____
 Allergies _____
 Chief C/o _____
 Medical/Surgical Hx. _____

Reason for Referral: R/O aspiration; delineate nature, extent, and severity of laryngeal, pharyngeal, and/or esophageal dysphagia/dysphonia; and to assess stimulability for potential swallow/voice interventions.

Indirect Oral Phase Assessment (CPT 92610):

Signs:

____ Stasis in anterior sulcus
 ____ Stasis in left/right sulcus
 ____ Stasis on tongue
 ____ Adherence to hard palate/soft Palate
 ____ Anterior labial leakage
 ____ Posterior oral leakage/excessive premature spillage
 ____ Piecemeal deglutition (Excessive or Diminished)
 ____ Cervical auscultation: wet BS/clear BS/deferred
 ____ Other _____

Physiological Interpretation:

____ Impaired Lip Seal
 ____ Impaired posterior oral containment
 ____ Impaired mastication
 ____ Impaired bolus manipulation
 ____ Impaired bolus formation
 ____ Impaired A-P Transit
 ____ Impaired bolus cohesion
 ____ Impaired oral sensation
 ____ Impaired oral phase delay

Physiological Dx: _____

Direct Pharyngeal/Laryngeal Phase Assessment (CPT 92612):

Signs:

____ Presence of residual secretions
 ____ Erythematic/edematous arytenoid mucosa
 ____ Initiation of pharyngeal swallow reflex
 ____ Stasis in velopharyngeal port/nasal cavity
 ____ Reduced superior laryngeal elevation
 ____ Reduced anterior laryngeal traction
 ____ Reduced hypothyroid contraction
 ____ Reduced TVF adduction/abduction
 ____ Stasis in valleculae
 ____ Stasis in left/right lateral channel(s)
 ____ Stasis Left/Right/Posterior pharyngeal wall(s)
 ____ Stasis in left/right pyriform sinuses
 ____ Piecemeal deglutition (Excessive or Diminished)
 ____ Laryngeal penetration: sensate/nonsensate
 ____ Before During After
 ____ Tracheal Aspiration: sensate/nonsensate
 ____ Before During After
 ____ Incremental Increase(s) of Hypopharyngeal Stasis _____

Physiological Interpretation

____ Swallow reflex delay _____ seconds
 ____ Clinically absent swallow reflex
 ____ Velopharyngeal dysfunction
 ____ Impaired tongue base retraction
 ____ Impaired hyolaryngeal excursion
 ____ Impaired glottic closure/opening
 ____ Impaired Right TVF
 ____ Impaired Left TVF
 ____ Impaired laryngeal sensation (Absent/Diminished)
 ____ Impaired pharyngeal constriction
 ____ Left Right
 ____ R/O Cricopharyngeal dysfunction
 ____ Characteristics of GERD/LPR
 ____ Characteristics of esophageal backflow

Physiological Dx: _____

Current Intake:
 ____ Clear Liquid
 ____ Full Liquid
 ____ Pureed
 ____ Mech. Soft
 ____ Regular
 ____ NPO
 ____ NGT
 ____ PEG/PEJ
 ____ TPN
 ____ IV
 ____ Liquids

Current Medications:

Consistencies Administered:
 ____ Ice Chips
 ____ Thin Liquids
 ____ Nectar C.L.
 ____ Honey C.L.
 ____ Pudding C.L.
 ____ Pureed
 ____ Mech. Soft
 ____ Regular Food
 ____ Dual/Mixed Cons.
 ____ Other _____

Precautions:
 ____ Alt. Mental Status
 ____ Dysarthria
 ____ Apraxia
 ____ Dysphonia
 ____ Aphonia
 ____ Cog. Comm. Disorder
 ____ Positioning
 ____ Behavioral
 ____ Natural Dentition
 ____ Edentulous
 ____ Dentures

Positioning: ____ Chair ____ Bedside

Level of Assistance: ____ Ind. ____ Min. ____ Mod ____ Max

Amount per Administration: ____ 1cc ____ 5cc ____ 10cc ____ 15cc ____ 20cc ____ Other Bolus Size: _____

Method(s): ____ Spoon ____ Cup ____ Straw ____ Nosey Cup ____ 5cc Bolus Regulated Cup Simulation

Peak Flow Meter = ____ L/M ____ 10cc Bolus Regulated Cup Simulation ____ People Feeder ____ Syringe

Naris Utilized: ____ Left ____ Right

Behavioral/Qualitative Analysis of Voice & Resonance (CPT 92524):

Physiological Dx: _____ WFL ____ Deferred secondary to: _____

Perceptual Analysis: Voice is characterized by _____

Acoustic/Quantitative Analysis with/without stroboscopy: Fo = ____ @ ____ Hz with ____ Hz for High and ____ Hz for Low. Measured ____ dB SPL with sustained /a/ for ____ sec. & ____ dB SPL in conversation. Jitter (Freq. Fluc.) = ____ @ ____ % & Shimmer (Amp. Fluc.) = ____ @ ____ %. Stroboscopy _____

Direct Esophageal Assessment:

Signs:

____ Fixation of p.o. material(s):
 ____ Thin
 ____ nectar
 ____ honey
 ____ pudding
 ____ Pureed
 ____ Mech. Soft
 ____ Regular
 ____ Marshmallow Challenge
 ____ Pill(s):
 ____ Depth of fixation in CM from nasal alae
 ____ Impairment of primary peristaltic wave
 ____ Impairment of secondary peristaltic wave
 ____ Presence of tertiary contractions
 ____ Delayed esophageal emptying:
 ____ Liquids
 ____ Solids
 ____ Pills
 ____ Other _____

____ deferred 2^o _____

Physiological Dx:

Physiological Interpretation

____ S/S consistent with pseudo-obstructive esophageal dysphagia
 ____ S/S consistent with obstructive esophageal dysphagia
 ____ S/S consistent with neurogenic esophageal dysphagia

Esophageal Clearance Time = ____ sec w/ ____ gastric filling sounds.

Esophageal Physiology Narrative:

ASHA Swallow NOMS: 1 2 3 4 5 6 7

AMA Severity Modifier: CN CM CL CK CJ CI CH

Clinical Implications/Interventions

Patient benefits from _____

Patient may also benefit from _____

ADDENDUM: _____

Voice Severity: _____

AMA Voice Severity Modifier: CN CM CL CK CJ CI CH

Name _____

Date _____

Reflux Finding Score (RFS)

Subglottic edema	2 if present	
Ventricular obliteration	2 if partial	4 if complete
Erythema/hyperemia	2 if arytenoids only	4 if diffuse
Vocal cord edema	1 Mild 2 Moderate 3 Severe	4 Polypoid
Diffuse laryngeal edema	1 Mild 2 Moderate 3 Severe	4 Obstructing
Post. Comm. Hypertrophy	1 Mild 2 Moderate 3 Severe	4 Obstructing
Granuloma/granulation	2 if present	
Thick endolaryngeal mucous	2 if present	

Total: _____ Score ≥ 5 is clinically significant for LPR (Belafsky, Postma, and Kaufman 2001)

Relevant Medications: _____

Vital signs	Pre Test	Post Test	Comments if any
Temperature	N/A	N/A	
Blood Pressure			
Pulse			
Respiration			
Nasal Bleeding			
Pharyngeal Bleeding			
O ₂ sat. via pulse oximetry			

SLP Recommendations

Swallow/Voice Tx per SLP _____/week for _____ weeks with the above mentioned interventions

Aspiration Precautions

Reflux precautions: 1) Upright for 1 hour after a given p.o. event. 2) Keep H.O.B. elevated 30 degrees. 3) NPO except for water for two hours before hour of sleep. 4) Consider 5 or 6 small meals per day in lieu of 3 large meals per day.

Change diet/May progress diet to above mentioned consistencies and parameters as clinically tolerated.

Consider anti-reflux Medication _____

Consider mucolytic medication _____

Consider appetite stimulant _____

Consider dietician consult _____

Consider PT/OT consult _____

Consider CXR _____

Consider C & S of sputum _____

Consider dental consult _____

Consider Respiratory Tx Re: _____

Consider Modified Barium Swallow _____

Consider consult per attending Physician _____

Consider ENT/GI/Radiology/Pulmonology/Neurology Consult _____

F/u FEES vs MBS vs CSA in _____ weeks

Consider DC Planning _____

May have thin consistency water and/or ice chips prn between meals, meds, and snacks as clinically tolerated

Other _____

Medical Speech-Language Pathologist

Date