Providence HEALTH CARE

RESIDENTIAL CARE ASPIRATION SCREENING TOOL

Step 1 - Resident is awake and alert enough to be screened and they are able to sit up with reasonable head control

Yes - Proceed to Step 2 ☐

No - Discuss with team re: actions needed ☐

Step 2 – Explain procedure and obtain verbal consent?

Yes – Proceed with Step 3 ☐

No – Inform OT ☐

Step 3 - Perform mouth care then give 90mls (3oz) water. Provide 2 to 3 small sips from cup with at least a breath between sips.

Were any problem noted? E.g. Signs of Aspiration?

Yes – Refer to OT for formal Swallowing Assessment and RD for Nutritional Assessment. ☐

With resident agreement, change oral intake to pureed diet with thick fluids.

No - proceed to step 4 ☐

Step 4 – Continue with larger (normal size) sips until 90 mls of water has been consumed with at least a breath between sips and observe for aspiration.

Were any problems noted?

Yes – Refer to step 3. Inform OT for formal Swallowing Assessment. ☐

No – Screen Completed, Passed Test. Commence/Continue with regular diet and thin fluids ☐

Update Care Guide and Care Plan as needed.

Nurse Signature and Designation: _____

Date: _____