



Aspiration Risk Screening Tool - New Mexico DOH

Profile Information

Individual Name _____ Program Name _____ Created By _____

Complete Entire Form

Last 4 digits of SS# _____ Agency _____ Date of Screening _____

Reason for Screening

Annual Hospitalization for pneumonia Change in Health Status (specify)

Specify _____

High Criteria

Tube Feeding Yes No Gastrostomy Jejunostomy G/J N/G

Hospitalized with aspiration pneumonia* within last 2 years? Yes No

List dates _____

Received Outpatient Treatment for aspiration pneumonia* within the last 12 months? Yes No

List dates _____

Observed or reported rumination more often than once per week Yes No

Documented Diagnosis of

Moderate-severe oral dysphagia Moderate-severe pharyngeal dysphagia Moderate-severe oro-pharyngeal dysphagia Moderate-severe dysphagia(unknown type) Not Applicable

And has one or more of the following

Chronic lung disease Immunosuppression GERD not controlled with diet or medication Rumination or vomiting (i.e., weekly or more often) Not Applicable

Note If any of the above criteria is marked as 'Yes' then it will be regarded as High Risk Aspiration Pneumonia

High Risk Aspiration Pneumonia Yes No

Moderate Criteria

Documented Diagnosis of

Moderate-severe oral dysphagia Moderate-severe pharyngeal dysphagia Moderate-severe oro-pharyngeal dysphagia Moderate-severe dysphagia(unknown type) Without associated chronic lung disease, immunosuppression, uncontrolled GERD or rumination/frequent vomiting Not Applicable

Dependent on others for oral feeding and/or drinking Yes No

Observed or reported low level of alertness that impairs the ability to participate fully in oral eating and drinking Yes No

Usually eats or drinks (orally) in a reclined or semi-reclined position due to physical deformities Yes No

Observed or reported rumination less often than once per week Yes No

Observed or reported Risky Eating Behaviors (rapid pace; stuffs mouth with food; swallows without chewing; talks while eating; etc) Yes No

Observed or reported coughing; wet sounding voice or vocalizations during or after eating or drinking orally? Yes No

Note If any of the above criteria is marked as 'Yes' then it will be regarded as Moderate Risk Aspiration Pneumonia

Moderate Risk Aspiration Pneumonia Yes No

No = Low Risk, Moderate or High = Proceed with Collaborative Assessment to determine final Aspiration Risk.

Added Notes _____

* Clearly documented viral pneumonia is not an indicator of aspiration risk. However, if type of pneumonia is unknown, assume high risk if in conjunction with any other risk factor on this form

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

Note:- Required fields are marked with an asterisk (*)