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)

High Criteria
Tube Feeding ☐Yes ☐No ☐Gastrostomy ☐Jejunostomy ☐G/G ☐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 (*)