

DDSD Aspiration Risk Screening Tool - New Mexico DOH

Complete entire form

Individual: _____ last 4 digits of SS#: _____ Agency: _____ Date of Screen: _____

Agency Nurse/CM* (print): _____ Agency Nurse/CM* (signature): _____

Reason for screening: Annual Hospitalization for pneumonia Change in Health Status (specify) _____

Criteria	No	Yes	Risk
Tube feeding: <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy <input type="checkbox"/> G/J <input type="checkbox"/> N/G	<input type="checkbox"/>	<input type="checkbox"/> →	High Risk Aspiration Pneumonia
Hospitalized with aspiration pneumonia* within the last 2 years? List dates:	<input type="checkbox"/>	<input type="checkbox"/> →	
Received outpatient treatment for aspiration pneumonia* within the last 12 months? List dates:	<input type="checkbox"/>	<input type="checkbox"/> →	
Observed or reported rumination more often than once per week	<input type="checkbox"/>	<input type="checkbox"/> →	
Documented diagnosis of: <input type="checkbox"/> Moderate-severe oral dysphagia <input type="checkbox"/> Moderate-severe pharyngeal dysphagia <input type="checkbox"/> Moderate-severe oro-pharyngeal dysphagia <input type="checkbox"/> Moderate-severe dysphagia (unknown type) AND has one or more of the following: <input type="checkbox"/> chronic lung disease <input type="checkbox"/> immunosuppression <input type="checkbox"/> GERD not controlled with diet or medication <input type="checkbox"/> rumination or vomiting (i.e., weekly or more often)	<input type="checkbox"/>	<input type="checkbox"/> →	
Documented diagnosis of: <input type="checkbox"/> Moderate-severe oral dysphagia <input type="checkbox"/> Moderate-severe pharyngeal dysphagia <input type="checkbox"/> Moderate-severe oro-pharyngeal dysphagia <input type="checkbox"/> Moderate-severe dysphagia (unknown type) Without associated chronic lung disease, immunosuppression, uncontrolled GERD or rumination/frequent vomiting	<input type="checkbox"/>	<input type="checkbox"/> →	Moderate Risk Aspiration Pneumonia
Dependent on others for oral feeding and/or drinking	<input type="checkbox"/>	<input type="checkbox"/> →	
Observed or reported low level of alertness that impairs the ability to participate fully in oral eating and drinking	<input type="checkbox"/>	<input type="checkbox"/> →	
Usually eats or drinks (orally) in a reclined or semi-reclined position due to physical deformities	<input type="checkbox"/>	<input type="checkbox"/> →	
Observed or reported rumination less often than once per week	<input type="checkbox"/>	<input type="checkbox"/> →	
Observed or reported Risky Eating Behaviors (rapid pace; stuffs mouth with food; swallows without chewing; talks while eating; etc)	<input type="checkbox"/>	<input type="checkbox"/> →	
Observed or reported coughing; wet sounding voice or vocalizations during or after eating or drinking orally?	<input type="checkbox"/>	<input type="checkbox"/> →	
No = Low Risk Moderate or High = Proceed with Collaborative Assessment			
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.