To be completed on all patients upon admission with a diagnosis of stroke. Screen can be repeated at 24 hours for an assessment of change or if any change in the patient’s medical status is questioned, repeat the screen.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the score on Glasgow Coma Scale less than 13?</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>Is there Facial Asymmetry / Weakness?</td>
<td>☐</td>
</tr>
<tr>
<td>3</td>
<td>Is there Tongue Asymmetry / Weakness?</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>Is there Palatal Asymmetry / Weakness?</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Were any of the above questions answered with a YES?

Maintain patient NPO, and complete referral to Speech-Language Pathology for a clinical swallowing assessment.

☐ Were all the above questions answered with a NO?

5  Are there signs of aspiration during the 90 mL water test?

☐ Changes in vocal quality - any changes such as wetness, gurgly sounds, breathy or hoarse quality.

☐ Throat Clearing

☐ Coughing

☐ YES

If YES, maintain the patient NPO and refer to Speech-Language Pathology for a clinical swallowing assessment.

☐ NO

If NO, start the patient on a regular textured diet.
### Acute Stroke Dysphagia Screening Tool - Assessment Guidelines

1. **Glasgow Coma Scale (GCS):** Record score on page 1
   - **Eye Opening Response:** Spontaneous (4 points), in response to verbal stimuli (3 points), in reaction to pain that is not applied to the patient’s face (2 points) or no response (1 point).
   - **Verbal Response:** Oriented (5 points), able to answer questions despite apparent confusion (4 points), inappropriate words (3 points), unable to understand speech (2 points), or no response (1 point).
   - **Motor Response:** Able to obey motor commands (6 points), deliberate movements in response to a pain stimulus (5 points), withdrawal in response to painful stimulus (4 points), flexion in response to painful stimulus (3 points), extension in response to painful stimulus (2 points), or no response (1 point).

2. **Facial Asymmetry / Weakness:**
   - **Instruct the patient:** “Show me a smile.” Provide a visual model if the patient cannot follow verbal directions.
   - **What to look for:** Facial weakness or droop on one side of the face. **If there is a droop, check “yes”**.

3. **Tongue Asymmetry / Weakness:**
   - **Instruct the patient:** “Stick out your tongue. Now, move your tongue from side to side.” Provide a visual model if the patient cannot follow verbal directions.
   - **What to look for:** Tongue deviation to one side during the tongue protrusion task. Difficult, laborious movements to one side during movement from side to side. If there is deviation or weakness, check “yes”.

4. **Palatal Asymmetry / Weakness:** *Use a tongue depressor*
   - **Instruct the patient:** “Open your mouth. I am going to place this stick on your tongue to look at the back of your throat. Say ‘ah’ 3 - 4 times in a row.” Provide a visual and auditory model if the patient cannot follow verbal directions.
   - **What to look for:** Look to see if the soft palate is elevating symmetrical on both sides. Look for one side hanging lower than the other. **If there is asymmetry, check “yes”**.

5. **Signs of aspiration during 90 mL water test:** *Use a cup filled with 90 mL of water, no straws.*
   - **Instruct the patient:** “I want you to drink this water without stopping”. Allow swallow completion. “Say ‘ah’ for as long as you can.” Provide auditory and visual model if the patient cannot follow directions.
   - **What to look for:** Note any of the following signs, immediately or within 1 minute following the swallow.
     1. Changes in vocal quality – any changes such as wetness, gurgly sounds, breathy or hoarse quality
     2. Throat Clearing
     3. Coughing
     **If there are any of the above signs, check “yes”**.