



The Johns Hopkins Hospital  
Brain Rescue Unit

### 3 Ounce Swallow Screen

*For addressograph plate*

#### STEP ONE

If any of the 4 following conditions are present, place a check in the box and do not continue. Do not give patient anything by mouth.

Initial Screen:

- Patient is fed enterally due to dysphagia.
- Patient has a changed level of arousal/alertness.
- Patient has a recent history of dysphagia with known aspiration.
- Patient is unable to manage oral secretions (requiring frequent suction, drooling persistently, choking on oral secretions, or wet/gurgly vocal quality with sustained "ah").

#### STEP TWO

If any of the 3 boxed items below are checked, DO NOT CONTINUE. Do not give patient anything by mouth. If no items are checked, go to Step 3.

- \* Place patient in a chair, if possible, or sit straight up in bed.
- \* Ensure patient's mouth is moist and clean.
- \* Place fingers on patient's throat (specifically on the Adam's Apple) to feel for laryngeal elevation.
- \* Give 1 teaspoon of water.
- \* Assess for:
  - No laryngeal elevation detected.
  - Cough/choke response immediately after the swallow.
  - Wet/gurgly vocal quality with sustained "ah" after the swallow.

#### STEP THREE

If any of the boxed items below are checked, do not give patient anything by mouth. If no items are checked, initiate diet.

- \* Give patient 3 ounces (90 milliliters) of water to drink without interruption.
- \* Assess for:
  - Cough/choke response up to a minute after the swallow.
  - Wet/gurgly vocal quality with sustained "ah" after the swallow.

NOTE: If results unclear, repeat Step 3.

**RESULT:**     Pass     Fail

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Signature/Title