

Patient Instr

Sacred Heart Medic	cai Center	
Speech Therapy		
Acute Therapies at RiverBend - F Acute Therapies at University Dis Oregon Rehabilitation Center at I Outpatient Rehabilitation Service	strict - Phone: (541) 686-6362 Jniversity District - Phone: (541)	686-7363 (541) 686-7085
Patient Name: MIKC	Brooks	
The results of your Modified Bar	ium Swallow / In-Clinic Swal	low Evaluation on 5/29 showe
deep penet	ration	enowe
It is recommended that you follo <b>SOLIDS:</b>	w these diet recommendatio	ns:
( ) Nothing orally (NPO)	( ) Dysphagia Advanced	
( ) Dysphagia Puree	( ) Mechanical Soft	
( ) Dysphagia Transitional		mall bites
	Regular (general)	ANGIL DIVES
LIQUIDS: ( ) Nothing orally (NPO) Thin (water, coffee, tea, Ensu ( ) Nectar-thick (buttermilk, nect ( ) Honey-thick (can't drink it thro ( ) Pudding-thick (pudding, custo	ars, tomato, milkshakes, bler ough a straw, but you don't n	eed a spoon)
COMPENSATORY STRATEGIE	· S.	
Positioning:	Supervision:	Medication:
Upright at 90 degrees	( ) Intermittent	( ) With water
( ) Chin-tuck positioning	( ) Constant	In pureed food
( ) Turn head right/left ( ) Tilt head right/left	<ul><li>( ) Feeding needed</li><li>( ) Feeds self with set-up</li></ul>	( ) Crushed in pureed
( ) Other:	( ) None	( ) With thick liquid  1 pill at a time
	_ ( ) None	i più at a time
For A Safe Swallow Please Take small bites/sips	~	Swallow twice: dry swallow
Wait for each swallow before	taking another hite/sin	Remain upright approximately
( ) Alternate food/liquid	taking arrother bitorolp (	30-45 minutes after eating.
( ) Use a straw	(	) If coughing occurs, stop eating
Do not use a straw		Do not feed patient if tired or sleepy
( ) Check for pocketing food		Swallow first, then talk
Rinse mouth/dentures after ea		Place food right / left / center of mouth
( ) Clear throat then swallow if gu	irgly voice	
XOther: 7 Chin-t	UCK	

Follow-up with the Speech-Language Pathologist is recommended. If you are in agreement, your appointment will be scheduled after we receive orders from your Physician.

Therapist Signature EMR# Date Time

Patient Identification

SH0307 (04/10/13)