

NDP optional

Choking Screening

Screening Date _____

NAME of person _____

SCORE ALL SHADED BOXES	YES	NO	SCORE
1. Weak or ineffective cough; inability to clear throat			10
2. Difficulty swallowing			10
3. History of aspiration			10
4. Frequent chest infections			10
5. History of abnormal swallowing study			10
6. Poor physical state			10
7. Epilepsy			4
8. Asthma			4
9. Cerebral palsy			4
10. Movement disorder, i.e., Tardive Dyskinesia, Parkinson, Fragile X			4
11. GERD			4
12. Prader-Willi Syndrome			4
13. Stroke			4
14. Confusion/Disorientation			4
15. Poor head control			8
16. Poor posture			8
17. Tongue thrust			4
18. Breathing difficulties			8
19. History of needing staff assistance due to choking when eating, drinking or bathing			10
20. Feeds self independently and safely			2
21. Feeds self independently and safely with supervision			2
22. Takes food from others if not supervised			6
23. Takes food from bowl/cupboards if not supervised			6
24. Drinks independently and safely			2
25. Eats rapidly			8
26. Drinks rapidly			8
27. Needs food cut or prepared prior to consuming (history of or observation of)			6
28. Overloads mouth with food/drink			10
29. Stores food and drink in mouth			10
30. Difficulty chewing			8
31. Swallows food without chewing			10
32. Continues to eat while coughing			8
33. Continues to drink while coughing			8
34. Frequently gags during meals			8
35. Puts any item into mouth			10

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36. Puts any item into mouth and swallows			10
37. It on a modified texture diet			10
38. Requires thickened fluids			10
39. Requires mealtime adaptive equipment to reduce the risk of choking			5

Risk Score _____

Nurses Signature/credentials _____

Low Risk 0-24
Medium Risk 25-49
High Risk 50 or >

Medium and High Risk require intervention*****