

XXDATE OF EXAM: --/--/----
DATE OF BIRTH & AGE: --/--/----, 91 Y.O.
SEX: FEMALE

SUBJECTIVE

Referral received from G.P., Dr. AS, for 91 y.o. female admitted on 10/10/21 for 10 lbs. weight lost per year x 2 years and Pt reports of food sticking. XX referred for swallow Ax by an SLP. XX reported difficulty swallowing solids, liquids, and pills, food getting stuck, weight loss, and a history of PNA (last November). PMHx includes high BP, high cholesterol, CABG x2 in 2018. XX self-feeds and reported *fair* endurance during meals. Current diet is solids (IDDSI Level 7) and liquids (IDDSI Level 0). XX is widowed and lives at home independently. XX's son is 60 y.o. and lives in NJ. At the time of the Ax, slow ambulation and walking with a cane were noted. XX consented to Ax. At the time of the swallow Ax, XX was alert, responsive, and cooperative.

OBJECTIVE

XX received upright in chair on RA with upper plate dentures in situ. XX currently taking Lipitor 30 mg QID.

ASSESSMENT

OMSE revealed slow alternating labial pucker/retraction, tongue fasciculations on voluntary OME tasks, slow lingual protrusion and lateralization, mandible weakness, mildly impaired MPT (7 secs), breathy voice quality, and a reduced voice loudness (suggesting mildly impaired respiratory sufficiency and coordination). All other aspects WFL. Oral trials included thin liquids (IDDSI level 0) by tsp and cup sip, mildly thick liquids (IDDSI level 2) by tsp and cup sip, puree (IDDSI level 4) applesauce by tsp, and solid (IDDSI level 7) cookie bite with an IDDSI level 2 liquid wash. Pt self-fed. With a tsp thin liquid (IDDSI level 0), Pt demonstrated throat clear (1/3 trials) and 1 swallow/bolus (3/3 trials). With cup sip of IDDSI level 0, Pt demonstrated cough (1/2 trials), throat clear (1/2 trials), 2 swallows/bolus, and ant. spillage (2/2 trials). With a tsp mildly thick liquids (IDDSI level 2), Pt demonstrated a throat clear (1/3 trials) and 1 swallow/bolus (3/3 trials). With cup sips of IDDSI level 2, Pt demonstrated a throat clear (1/2 trials) and 2 swallows/bolus. Two trials of a tsp of applesauce puree (IDDSI level 4) revealed diffuse mild oral residue (2/2 trials) and 3 swallows/bolus. A solid cookie bite (IDDSI level 7) revealed moderate oral residue, which was effectively cleared with an IDDSI level 2 liquid wash. Pt demonstrated 4 swallows/bite. XX required breaks b/w bites. These results are consistent with a pattern of oropharyngeal dysphagia characterized by suspected aspiration and post-swallow residue in combination with advanced age, and comorbidities.

PLAN

Based on the clinical bedside assessment, it is the recommendation of the evaluator that XX receive a videofluoroscopic swallow study. XX should change current diet textures to soft solids and purees (IDDSI level 4) and mildly thickened liquids (IDDSI level 2) and take small sips and bites when eating or drinking. It is recommended that the XX meets with a nutritionist to discuss appetizing methods to reach adequate caloric intake with these diet texture changes. Continue good oral care to minimize pneumonia risk.