ASSIST – Acute Screening of Swallow in Stroke/TIA

Print name & profession: _____

_____

Signature: _____

MRN No.

Name: ……..

Address: ……..
Date of Birth: Sex:

Please fill in if patient label is unavailable

DATE ☐☐/☐☐/20☐☐ Time of Assessment: ☐☐:☐☐ (Please use 24 hour clock time)

Pre-Screening: Check patient has had CT and no haemorrhage.
Check if NESB

1. Is the patient able to:-
- Maintain alertness for at least 20 minutes? Yes ☐ No ☐
- Maintain posture/positioning in upright sitting? Yes ☐ No ☐
- Hold head erect? Yes ☐ No ☐

STOP HERE if you answered NO to ANY part of Q1. Place patient Nil by Mouth and review when conditions improves. NG recommended for medications.

2. Does the patient have any of these?
- Suspected brainstem stroke (Check file) Yes ☐ No ☐
- Facial weakness/droop (Check smile, pout, nasolabial fold) Yes ☐ No ☐
- Slurred/absent speech (Engage in conversation) Yes ☐ No ☐
- Coughing on saliva Yes ☐ No ☐
- Drooling (Check corner of mouth, chin) Yes ☐ No ☐
- Hoarse/absent voice (Engage in conversation) Yes ☐ No ☐
- Weak/absent cough (Ask to cough) Yes ☐ No ☐
- Shortness of breath Yes ☐ No ☐
- Pre-existing swallowing difficulty (Check file, ask family) Yes ☐ No ☐

STOP HERE if you answered YES to ANY part of Q2. Place patient Nil by Mouth and refer to Speech Pathology on Page xxxxx.

3. Test the patient with a sip of water and observe:
- Any coughing/throat clearing Yes ☐ No ☐
- Change in vocal quality Yes ☐ No ☐
- Drooling Yes ☐ No ☐
- Change in respiration/shortness of breath Yes ☐ No ☐

STOP HERE if you answered YES to ANY part of Q3. Place patient Nil by Mouth and refer to Speech Pathology on Page xxxxx.

4. Observe the patient drink a cup of water:
- Any coughing/throat clearing Yes ☐ No ☐
- Change in vocal quality Yes ☐ No ☐
- Drooling Yes ☐ No ☐
- Change in respiration/shortness of breath Yes ☐ No ☐

STOP HERE if you answered YES to ANY part of Q4. Place patient Nil by Mouth and refer to Speech Pathology on Page xxxxx.

5. Commence premorbid oral diet
- Nursing staff to observe patient with first meal
- Staff Member reviewing first meal: _____

Time: _____ Date: _____

A spike in temperature and/or deterioration in chest condition may indicate silent aspiration. Place patient NBM and refer to Speech Pathology on Page xxxxx.

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Managers of Greater Metropolitan Speech Pathology Services in NSW Health – Stroke Dysphagia Framework *April 2004*
Endorsed by GMCT Stroke Committee June 2004