



Aspiration Risk Screening Tool - New Mexico DOH

Profile Information

Individual Name:	_____
Program Name:	_____
Created By:	_____

Complete entire Form

last 4 digits of SS# _____

Agency _____

Date of Screening _____
mm/dd/yyyy

Reason for screening: ☐ Annual ☐ Hospitalization for pneumonia ☐ Change in Health Status
☐ (specify)

Specify

Criteria

Tube feeding	
<input type="radio"/> Gastrostomy <input type="radio"/> Jejunostomy <input type="radio"/> G/J <input type="radio"/> N/G	<input type="radio"/> Yes <input type="radio"/> No

Hospitalized with aspiration pneumonia* within the last 2 years?	<input type="radio"/> Yes <input type="radio"/> No
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List dates

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Received outpatient treatment for aspiration pneumonia* within the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No

List dates

Observed or reported rumination more often than once per week	<input type="radio"/> Yes <input type="radio"/> No
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Documented diagnosis of	AND has one or more of the following	
<input type="radio"/> Moderate-severe oral dysphagia <input type="radio"/> Moderate-severe pharyngeal dysphagia <input type="radio"/> Moderate-severe oro-pharyngeal dysphagia <input type="radio"/> Moderate-severe dysphagia (unknown type)	<input type="radio"/> Chronic lung disease <input type="radio"/> Immunosuppression <input type="radio"/> GERD not controlled with diet or medication <input type="radio"/> Rumination or vomiting (i.e., weekly or more often)	<input type="radio"/> Yes <input type="radio"/> No

Note: If any of the above criteria is marked as 'Yes' then it will be regarded as High Risk Aspiration Pneumonia

High Risk Aspiration Pneumonia ☐ **Yes** ☐ **No**

Documented diagnosis of	
<input type="radio"/> Moderate-severe oral dysphagia <input type="radio"/> Moderate-severe pharyngeal dysphagia	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Moderate-severe oro-pharyngeal dysphagia	
<input type="radio"/> Moderate-severe dysphagia (unknown type) Without associated chronic lung disease, immunosuppression, uncontrolled GERD or rumination/frequent vomiting	

Usually eats or drinks (orally) in a reclined or semi-reclined position due to physical deformities	<input type="radio"/> Yes <input type="radio"/> No
Observed or reported rumination less often than once per week	<input type="radio"/> Yes <input type="radio"/> No
Observed or reported Risky Eating Behaviors (rapid pace; stuffs mouth with food; swallows without chewing; talks while eating; etc)	<input type="radio"/> Yes <input type="radio"/> No
Observed or reported coughing; wet sounding voice or vocalizations during or after eating or drinking orally?	<input type="radio"/> Yes <input type="radio"/> No

Note: If any of the above criteria is marked as 'Yes' then it will be regarded as Moderate Risk Aspiration Pneumonia

Moderate Risk Aspiration Pneumonia ☐ **Yes** ☐ **No**

No = Low Risk, Moderate or High = Proceed with Collaborative Assessment

Added notes

*** Clearly documented viral pneumonia is not an indicator of aspiration risk. However, if type of pneumonia is unknown, assume high risk if in conjunction with any other risk factor on this form.**