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 ________________________

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

Specify

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Criteria

<table>
<thead>
<tr>
<th>Tube feeding</th>
<th>○ Gastrostomy</th>
<th>○ Jejunostomy</th>
<th>○ G/J</th>
<th>○ N/G</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Yes</td>
<td>○ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hospitalized with aspiration pneumonia* within the last 2 years?  

○ Yes  ○ No

List dates

_________________________________________
Aspiration Risk Screening Tool
Offline Form for Users in New Mexico

**Received outpatient treatment for aspiration pneumonia* within the last 12 months?**
- [ ] Yes
- [ ] No

**List dates**

**Observed or reported rumination more often than once per week**
- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Documented diagnosis of</th>
<th>AND has one or more of the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Moderate-severe oral dysphagia</td>
<td>○ Chronic lung disease</td>
</tr>
<tr>
<td>○ Moderate-severe pharyngeal dysphagia</td>
<td>○ Immunosuppression</td>
</tr>
<tr>
<td>○ Moderate-severe oro-pharyngeal dysphagia</td>
<td>○ GERD not controlled with diet or medication</td>
</tr>
<tr>
<td>○ Moderate-severe dysphagia (unknown type)</td>
<td>○ Rumination or vomiting (i.e., weekly or more often)</td>
</tr>
<tr>
<td></td>
<td>○ Yes</td>
</tr>
<tr>
<td></td>
<td>○ No</td>
</tr>
</tbody>
</table>
Aspiration Risk Screening Tool
Offline Form for
Users in New Mexico

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

<table>
<thead>
<tr>
<th>High Risk Aspiration Pneumonia</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Documented diagnosis of**

<table>
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<tr>
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<th>Yes</th>
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</tr>
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<td>Moderate-severe oral dysphagia</td>
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<td>Moderate-severe oro-pharyngeal dysphagia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate-severe dysphagia (unknown type) Without associated chronic lung disease, immunosuppression, uncontrolled GERD or rumination/frequent vomiting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Usually eats or drinks (orally) in a reclined or semi-reclined position due to physical deformities</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Observed or reported rumination less often than once per week</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Observed or reported Risky Eating Behaviors (rapid pace; stuffs mouth with food; swallows without chewing; talks while eating; etc)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Observed or reported coughing; wet sounding voice or vocalizations during or after eating or drinking orally?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Moderate Risk Aspiration Pneumonia</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**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.