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 ____________________________________________________________

High Criteria
Tube Feeding ☐ Yes ☐ No ☐ Gastrostomy ☐ Jejunostomy ☐ G/J ☐ N/G
Hospitalized with aspiration pneumonia* within last 2 years? ☐ Yes ☐ No
List dates __________________________________________________________

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

Documented Diagnosis of
☐ Moderate-severe oral dysphagia ☐ Moderate-severe pharyngeal dysphagia ☐ Moderate-severe oro-pharyngeal dysphagia
☐ Moderate-severe dysphagia(unknown type) ☐ Not Applicable

And has one or more of the following
☐ Chronic lung disease ☐ Immunosuppression ☐ GERD not controlled with diet or medication
☐ Rumination or vomiting (i.e., weekly or more often) ☐ Not Applicable

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

Moderate Criteria
Documented Diagnosis of
☐ Moderate-severe oral dysphagia ☐ Moderate-severe pharyngeal dysphagia ☐ Moderate-severe oro-pharyngeal dysphagia
☐ Moderate-severe dysphagia(unknown type) Without associated chronic lung disease, immunosuppression, uncontrolled GERD or rumination/frequent vomiting ☐ Not Applicable

Dependent on others for oral feeding and/or drinking ☐ Yes ☐ No

Observed or reported low level of alertness that impairs the ability to participate fully in oral eating and drinking ☐ Yes ☐ No

Usually eats or drinks (orally) in a reclined or semi-reclined position due to physical deformities ☐ Yes ☐ No

Observed or reported rumination less often than once per week ☐ Yes ☐ No
Observed or reported Risky Eating Behaviors (rapid pace; stuffs mouth with food; swallows without chewing; talks while eating; etc) □ Yes □ No
Observed or reported coughing; wet sounding voice or vocalizations during or after eating or drinking orally? □ Yes □ 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 to determine final Aspiration Risk.

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

SIGNATURE........................................NAME..........................................................DATE...............................TIME...................am/pm

Note:- Required fields are marked with an asterisk (*)