

Physician/PA/NP Order Form

Facility: _____

Physician/PA/NP: _____

Patient: _____ DOB: ____/____/____

Check (✓) and Sign

____ Include all of the below condition assessments, if medically indicated, as a part of a Dysphagia Evaluation including a Modified Barium Swallow Study (MBSS) -- comprehensive consult for medically complex patients.

- *Esophageal scan* – view esophageal emptying into stomach. Approximately 30% of patients have asymptomatic esophageal dysphagia,
- *Vocal cord assessment* – closure to protect against aspiration
- *Mandibular and dental assessment* - structural integrity/abnormalities and function for chewing/muscular support to evaluate risk for choking with solids to determine appropriate diet level
- *Cervical spine/soft tissue assessment* - structural integrity/abnormalities and function, changes can lead to redirection of bolus increasing risk of aspiration and requiring a different level of strategy use
- *Frontal chest view* - aspiration when aspiration occurs. Allows for a risk stratification for aspiration pneumonia
- *Physician consult requested for dysphagia* – impact of PO intake on prognosis, impact of medication and anatomy, quality of life and rehabilitation candidacy discussion, recommended for further consult

(Optional) Provide additional component(s): _____

Signature: _____
(Verbal order and Consent completed verification signature)

Signature: _____
Physician/NP/PA Signature (File in chart to sign)