

Speech and Language Therapy Dysphagia Referral Form

WE ARE UNABLE TO
ACCEPT INCOMPLETE
FORMS (boxes with *
are mandatory)



Note: To ensure a resident will be seen, an online referral form should be received 24 hours before the SLT visit is due. I have completed the Referrals Flowchart* and the result indicates this referral is appropriate *
Consult the Referral Dysphagia Advice Leaflet **

Please tick to confirm * Yes

Resident's First Name *:

Resident's Last Name *:

Name of Nursing Home *:

County *:

D.O.B. *:

Date of Referral *:

Referrer's Name *:

Referrer's Email Address *:

Referrer's Job Title *:

Consent (Please select as appropriate) *:

The resident has consented to this referral The referral has been made in the resident's best interests

Relevant Medical History (Please tick as appropriate) *:

CVA Dementia Cancer Parkinson's Disease Multiple Sclerosis Huntington's Disease
 Intellectual Disability Chronic Cardiac Failure (CCF) Traumatic Brain Injury Motor Neurone Disease
 Diabetes Other (click to add text)

Relevant Medication:

Is the person taking any medication that is affecting their swallow? * Yes No

Or causing the following: Drowsiness * Yes No Dry Mouth * Yes No

Chest Infections:

Has the resident had any chest infections? * Yes No Antibiotics? Yes No

Current diet and fluids consistency:

PEG/RIG Oral feeding/drinking PEG/RIG + Oral

Nutrition: What consistency of diet is the resident currently receiving? *:

RG7 - Regular (Normal Diet)
 EC7 - Regular - Easy Chew (Normal Chopped Diet)
 SB6 - Soft & Bite-Sized (Texture A - Soft Diet)
 MM5 - Minced & Moist (Texture B - Minced Diet)
 PU4 - Pureed (Texture C - Puree Diet)
 LQ3 - Liquidised (Texture D - Liquidised Diet)

Fluid: What consistency of fluid is the resident currently receiving? *:

TN0 - Thin (Free Fluids)
 ST1 - Slightly Thick (Grade 1 Fluids)
 MT2 - Mildly Thick (Grade 2 Fluids)
 MO3 - Moderately Thick (Grade 3 Fluids)
 EX4 - Extremely Thick (Grade 4 Fluids)

Who placed the resident on these recommendations? *:

Resident/NOK SLT Nursing staff GP

Communication Checkboxes * Verbal Non-verbal Confused

Details:

Clinical indicators that specialist swallowing assessment is required:

Please select: *

- Difficulty chewing
- Nasal regurgitation
- Coughing on fluids
- Food avoidance
- Coughing on food
- Prolonged feeding time
- Holding fluid/food in the mouth
- Choking on food (airway fully/partially obstructed)
- Choking on fluid (airway fully/partially obstructed)
- Recurrent chest infections

This is not an emergency service. Nurses have a duty to try and address swallowing difficulties whilst awaiting specialist assessment.

Consult the Referrer Dysphagia Advice Leaflet**.

What have you tried? *

For residents declining swallowing recommendations

Does the resident have mental capacity, i.e. can understand, weigh up and communicate (verbally or non-verbally) the risks of not following recommendations? * Yes No

NB All health professionals are qualified/have a duty to assess capacity, it is not a specialist SLT skill

- If the resident has capacity, it is their right to decline the recommendations. Document your capacity assessment and the resident's decision clearly in the resident's notes. There is no need to refer.
- If the resident does not have capacity then the nursing home needs to make/facilitate a 'best interest' decision (involve the GP if necessary). Document this clearly in the resident's notes. There is no need to refer.

A speech and language therapist should only be involved if the patient has a complex communication difficulty and specialist communication assessment is required to determine capacity.

Signed *:

Date *: