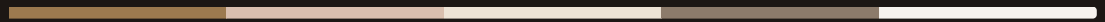


Dysphagia *Risk Guide.*

A bedside reference for spotting swallowing risk early and knowing when to escalate.



WHAT'S INSIDE

- Bedside warning signs
- Situational risk factors
- A quick signal-to-action table
- When to request a swallow evaluation

Catching Aspiration Risk Before It Becomes an Event

This guide is designed for the bedside, not the textbook — a fast reference for the signs that matter and the point at which a formal evaluation is warranted.

WHY THIS MATTERS

Aspiration risk is often visible before it's dangerous — if staff know what to watch for and when to escalate. This guide is an early-warning reference, not a substitute for a full swallow evaluation.

BEDSIDE WARNING SIGNS

- ☐ Coughing or throat-clearing during or shortly after eating or drinking
- ☐ Wet, gurgly, or breathy vocal quality after swallowing
- ☐ Multiple swallows needed to clear a single bite or sip
- ☐ Food or liquid pocketing in the cheeks, or spilling from the mouth
- ☐ Unexplained low-grade fever or recurrent respiratory symptoms
- ☐ Reluctance or refusal to eat, or a marked slowdown in eating pace

SITUATIONAL RISK FACTORS TO TRACK

- ☐ Recent stroke, intubation, sedation, or decline in alertness
- ☐ New or worsening cognitive-communication impairment
- ☐ Positioning: eating while reclined, distracted, or unsupervised
- ☐ Medication changes affecting alertness, saliva, or muscle tone

SIGNAL	CONSIDER
Wet vocal quality after swallow	Possible residue; flag for swallow evaluation
Coughing only with thin liquids	Texture-specific risk; don't generalize to all intake
Silent presentation, no cough, but recurrent respiratory illness	Possible silent aspiration; escalate
Gradual decline in intake volume	May be risk-avoidance behavior, not appetite loss

WHEN TO REQUEST A SWALLOW EVALUATION

Any combination of the signs above, a new neurological event, or a caregiver-reported change in eating or drinking should prompt a referral — before a diet is upgraded or downgraded on assumption alone.

Let's talk

EJT

Need dysphagia risk training for your *unit*?

I run in-service training and risk audits on swallowing safety, tailored to your setting and built to reduce both patient risk and facility liability.

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