

Physician's Order

Patient Name: _____ Date: _____

Patient DOB: _____

Facility Name: _____

Requesting Physician Name: _____

Check and Sign Order

- Include all of the below condition assessments, if medically indicated, as part of a dysphagia consultation including the modified barium swallow study (MBSS) – *comprehensive consult for medically complex patients*
- Esophageal scan – approx. 30% of patients have asymptomatic esophageal dysphagia, view esophageal emptying into stomach
 - Vocal cord assessment – for closure to protect against aspiration
 - Mandibular and dental assessment – for 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 for 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 for 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 rehab candidacy discussion, recommendations for further consult

OR- Write individual component(s) here:

*order guidelines at mbssonline.com for further explanation

Signature: _____ Signature: _____

Sign HERE – Verbal order and Consent verification signature

PHYSICIAN or NP/PA SIGNATURE (FILE IN CHART TO SIGN)