

CHOKING RISK ASSESSMENT

Not applicable (see guidelines)

ASSESSMENT CATEGORIES	SCALE	DATE	DATE	DATE	DATE
DEVELOPMENTAL DISABILITY, PSYCHIATRIC DIAGNOSIS AND RELATED DISORDERS					
Mild Mental Retardation	0				
Moderate Mental Retardation	1				
Severe Mental Retardation	1				
Profound Mental Retardation	2				
Dementia	1				
Delirium	2				
PICA	2				
MEDICAL DIAGNOSIS					
Cerebral Palsy	1				
History of Gastric reflux	1				
Previous episodes of aspiration/aspiration pneumonia	3				
Tongue thrust	1				
CVA (recent)	2				
Degenerative Neurologic Disease	2				
Parkinson's/Huntington's Diseases	2				
Other Movement Disorders	1				
Other client specific condition	1				
PHYSICAL CONDITIONS					
Difficulty chewing	1				
Absence of chewing	2				
Missing or absent teeth	1				
Difficulty swallowing	1				
Gagging or choking on food and/or liquids	1				
Positive (abnormal) bedside swallowing study	1				
Barium swallow positive for aspiration	2				
Other client specific condition	1				
EATING HABITS					
Feeds self independently	0				
Needs assistance to eat	1				
Feeds self too fast (packs mouth with food)	1				
Totally dependent for eating	2				
SEATING POSITION					
Sits at table in regular chair	0				
Wheelchair:					
Upright	1				
Semi-recline	2				
MEDICATIONS					
Any medication that causes sedation	1				
Any psychotropic medication	1				
SCORE					
TOTAL SCORE:					

RISK SCORE (1-3) minimal

RISK SCORE (4-6) moderate

RISK SCORE (7 and above) severe

SIGNATURE:

DATE:

STAMP PLATE
