

# SWALLOWING PRECAUTIONS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Food: \_\_\_\_\_

Fluids: \_\_\_\_\_

Medications: \_\_\_\_\_

Assistance: \_\_\_\_\_

Positioning:

Must sit upright while eating *and* for \_\_\_\_ minutes afterwards

Oral Care: \_\_\_\_\_

Swallowing Strategies:

Ensure the patient is *alert* and...

Report concerns to:

SLP/OT \_\_\_\_\_

Contact Info \_\_\_\_\_