

Western Health
Speech Pathology Outpatient Dysphagia
Clinic Referral

Sunshine Hospital

Name: _____

Date of birth: _____

Address: _____

PATIENT IDENTIFICATION LABEL

Western Health UR (if known): _____

Please fax referral form to the Referral Management Centre: (03) 8345 6856

For enquiries, please contact Speech Pathology on: (03) 8345 1559

Date of referral: _____

Patient details

Primary Language: _____ Interpreter Required: Yes No

Primary contact regarding appointment:

Name: _____ Relationship: _____

Phone: _____

Past medical history: _____

Other relevant information (if applicable e.g. social history, communication status, mobility, seating support):

Referral details

Referrer:

Name: _____ Position: _____

Hospital/agency/clinic: _____ Phone/pager: _____

Reason for referral/intervention required (including current swallow function, diet/fluids, nutritional status, expected outcome):

Previous instrumental swallowing assessments and/or relevant investigations:

VFSS FEES Ba Swallow Report attached

ENT Gastroenterology/gastroscopy Other _____ Report attached

Summary of findings: _____

Instrumental assessment (please see descriptions/indicators/contraindicators overleaf)

Please indicate instrumental assessment required:

VFSS FEES Either VFSS or FEES as best indicated by Speech Pathology assessment

Please complete Videofluoroscopic Swallowing Study (VFSS) Approval form below

Please complete one of the following options (MANDATORY FOR ALL REFERRALS):

A Medical Imaging Request form for VFSS has been completed by a Medical Officer and attached.

OR

A Medical Officer has completed the below form:

Please complete a VFSS to investigate swallowing function for the above patient.

Signed: _____

Contact details: _____

Print Name: _____

Provider number: _____

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Considerations for selection of instrumental swallowing assessment:

Procedure	Indicators	Contraindications
<p>Videofluoroscopy (VFSS)</p> <ul style="list-style-type: none"> • Also known as modified barium swallow • A radiographic instrumental assessment of oropharyngeal swallowing function 	<ul style="list-style-type: none"> • Suspected oral and/or pharyngeal swallowing dysfunction 	<ul style="list-style-type: none"> • Unable to remain upright for feeding for at least 30 minutes • Allergy to barium • Unable to follow instructions due to behavioural difficulties/cognitive impairment • When the risk (i.e. radiation) or patient distress outweighs the benefit of the VFSS (i.e. people who have repeated studies, pregnant women) • Patients with dysphagia of only oesophageal origin
<p>Fiberoptic Endoscopic Evaluation of Swallowing (FEES)</p> <ul style="list-style-type: none"> • An endoscopic examination of the pharyngeal stage of swallowing, including secretion management and/or the ability to swallow food and fluids • Involves trans-nasal insertion of a fiberoptic nasendoscope to the level of the oropharynx / hypopharynx 	<ul style="list-style-type: none"> • Suspected pharyngeal phase dysfunction only • Symptoms of reduced secretion/saliva management • Patients who are unsafe for food and/or fluid trials due to high aspiration risk, but who may benefit from assessment of saliva swallows. • Assessing patients who cannot undergo videofluoroscopy (e.g. due to repeated radiation, barium allergy). 	<ul style="list-style-type: none"> • Unable to remain upright for feeding for at least 30 minutes • Severe movement disorders. • Severe agitation and reduced ability to tolerate a nasendoscope or follow instructions • History of vasovagal or fainting episodes • History of severe epistaxis or recent nasal trauma • Recent treatment for head and neck cancer (surgery/chemotherapy/radiotherapy) where mucosal condition may be compromised/traumatised by insertion of the nasendoscope • Obstruction of both nasal passages or significant nasopharyngeal stenosis • Unstable cardiac conditions • Base of skull/facial/nasal fracture/surgery/tumours