

**Outreach Services of Indiana
Dysphagia Trigger Data Sheet**

CLIENT:

MONTH/YEAR:

TRIGGERS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Coughing w/signs of struggle (watery eyes, drooling, facial redness)	Days																															
	Eves																															
	Ngts																															
Wet vocal quality	Days																															
	Eves																															
	Ngts																															
Watery eyes	Days																															
	Eves																															
	Ngts																															
Day shift initials																																
Evening shift initials																																
Night shift initials																																

GOAL:

1. Identification of dysphagia triggers.
2. Decrease risk of aspiration and/or choking.

ACTION if trigger is noted:

1. Ensure plan (positioning, diet texture, etc) is followed correctly.*
2. If plan not followed, correct and assess for triggers.
3. If triggers continue, notify nurse or supervisor.

* Refer to Positioning Plan and/or Dining Plan as needed

DOCUMENTATION STANDARDS:

- * Triggers are to be documented 7 days/wk - during ALL activities (bathing, oral care, dressing, etc.) and across ALL shifts
- * For each shift, indicate the number of occurrences; mark a slash (-) if no triggers were noted.
- * If Nurse/Supervisor is notified, Document the trigger and action taken in the Daily Notes.