Risk For Aspiration Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Medical History:

Relevant Diagnoses:

Current Medications:

ASSESSMENT

Physical Assessment Findings

Dysphagia:

Decreased Level of Consciousness:

Difficulty Swallowing:

Cough Reflex:

Gag Reflex:

Oral Secretions Handling:

History of Aspiration/Near-Aspiration Events

Nutritional Assessment

Weight: _____

Dietary Intake:

Hydration Status:

NURSING DIAGNOSIS

Risk for Aspiration related to:

PLANNING

Goals

Short-term Goal:

Long-term Goal:

Specific Objectives

INTERVENTIONS

Respiratory Status Monitoring

Frequency: _____

Notes:

Positioning

Bed Elevation:

Notes:

Swallowing Assessment

Techniques/Findings:

Speech Therapist Consultation:

Aspiration Precautions

Measures:

Notes:

Patient and Family Education

Topics:

Notes:

Dietary Collaboration

Dietitian's Recommendations:

Notes:

EVALUATION

Progress Towards Goals:

Adjustments to Care Plan: