

ASSIST COMPETENCY ASSESSMENT: RESPONSE FORM

ASSIST – ACUTE SCREENING OF SWALLOW IN STROKE/TIA COMPETENCY ASSESSMENT	NAME:	ASSIST – ACUTE SCREENING OF SWALLOW IN STROKE/TIA
	POSITION:	
	FACILITY:	
	DATE:	
<p>Step 1: Ensure you have completed an introductory ASSIST training workshop before proceeding with this competency assessment. Please see your Speech Pathologist or Nurse Unit Manager if you have not yet attended this training.</p> <p>Step 2: Ensure you have a copy of the ASSIST screening tool at hand as you answer these questions.</p> <p>Step 3: Play ASSIST Competency Assessment PDF/DVD now.</p>		
		SCORE
<p>1. What pre-feeding skills are required before screening can commence?</p> <p>a) Able to maintain adequate alertness <input type="checkbox"/></p> <p>b) Able to maintain upright sitting posture <input type="checkbox"/></p> <p>c) Able to hold head erect <input type="checkbox"/></p> <p>d) All of the above <input type="checkbox"/></p>		/1
<p>Are these sitting positions adequate for screening?</p> <p>2. Position one: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Position two: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Position three: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		/3
<p>Do these patients have ‘facial weakness/droop’?</p> <p>5. Patient one: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Patient two: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Patient three: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Patient four: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Patient five: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		/5
<p>Do these patients have slurred speech?</p> <p>10. Patient one: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Patient two: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Patient three: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		/3
<p>13. Why is it important to check a patient’s ability to cough?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		/1
<p>Do these patients have a hoarse voice?</p> <p>14. Patient one: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15. Patient two: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>16. Patient three: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		/3
		COMPETENCY ASSESSMENT RESPONSE FORM

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<p>17. Why would this patient 'fail' the screen?</p> <p>a) Not able to maintain adequate alertness <input type="checkbox"/></p> <p>b) Not wearing dentures <input type="checkbox"/></p> <p>c) Slurred speech & drooling saliva <input type="checkbox"/></p> <p>d) None of the above – OK to proceed <input type="checkbox"/></p>	/1	
<p>18. Would you progress to testing this patient with a sip of water?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	/1	
<p>19. Would you progress to testing this patient with a cup of water?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	/1	
<p>20. Observe the nurse testing the patient with a sip of water. Should the nurse continue with screening?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	/1	
<p>Read the following scenario. The stroke unit nurse is getting handover from the ED nurse about a new admission. Name 5 risk factors for dysphagia this patient is likely to exhibit.</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p>	/5	
<p>26. Observe the nurse testing the patient with a sip of water. What should the nurse do now?</p> <p>a) STOP here <input type="checkbox"/></p> <p>b) Give the patient another sip of water <input type="checkbox"/></p> <p>c) Proceed to give the patient a full cup of water <input type="checkbox"/></p>	/1	
<p>27. What is meant by Nil By Mouth?</p> <p>a) Oral medications may be given with a sip of water <input type="checkbox"/></p> <p>b) Oral fluids are allowed but not food or medications <input type="checkbox"/></p> <p>c) No medication, food or fluid to be given orally <input type="checkbox"/></p>	/1	
<p>Name 3 indicators of swallowing difficulty for a patient who has commenced an oral diet</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p>	/3	
TOTAL SCORE	/30	