



0900000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Copy 1 - MEDICAL RECORDS

Copy 2 - FILE COPY

A = Assessment

SPEECH-LANGUAGE — DOWNTIME PROGRESS NOTE

DATE:	TIME:	SPEECH-LANGUAGE PATHOLOGY NOTE
		S: Ox <input type="checkbox"/> somnolent <input type="checkbox"/> cooperative <input type="checkbox"/> agitated <input type="checkbox"/> reduced attention <input type="checkbox"/> labile
		Present at bedside:
		O:
		A:
		<input type="checkbox"/> Results discussed with: <input type="checkbox"/> patient <input type="checkbox"/> MD <input type="checkbox"/> nurse <input type="checkbox"/> family <input type="checkbox"/> multidisciplinary team
		<input type="checkbox"/> Education completed re:
		P: <input type="checkbox"/> Follow Pt. acutely for <input type="checkbox"/> speech <input type="checkbox"/> language <input type="checkbox"/> swallowing <input type="checkbox"/> cognitive-linguistic
		<input type="checkbox"/> Further bedside evaluation
		<input type="checkbox"/> Modified Barium Swallow Study (MBS):
		<input type="checkbox"/> Begin / continue p.o. diet:
		<input type="checkbox"/> Swallowing Care Plan (posted bedside):
		<input type="checkbox"/> Recommend NPO
		<input type="checkbox"/> Discharge from acute Speech-Language Pathology
		<input type="checkbox"/> Functional deficits and discharge needs:
		<input type="checkbox"/> Other:
		<input type="checkbox"/> Goals: