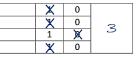
DySMA

Monitoring of swallowing function in children with spinal muscular atrophy (0-24 months)

Patient:	Examiner:
Date of birth:	Examination date:
Child's predominant condition during examination:	sleeping/dozing awake/active crying/restless
Advice on implementation	
Users: Speech-language pathologists, physiotherapists, pediat Does not replace clinical or instrumental swallowing examinat	
Part I: PATIENT HISTORY	Part II: EXAMINATION
 Ask questions to the parents Frame of reference: current status/ last 14 days 	 Transfer from other daily examinations possible (e.g., weak voice when crying or view of the palate during blood sampling)
	Materials needed: Pen light, toys to stimulate mouth opening (e.g., O-Ball, rattle toy)
Advice on scoring	
 Only evaluable if complete. Retest required for missing o Maximum point value is given per item block 	bservations.
 For item block 1, "Type of nutrition" Tick only the most demanding type of food. E.g., child is life or al food intake is not possible (0 or 1), item blocks 2-6 If partial or al feeding is used, check 2. E.g. child is being to the second sec	= 0 (continue from item block 7).
For item blocks 2-10	NEIN JA
 Add up and enter points per item block 	X 0 X 0 X 0 1 X X 0 X 0 1 X X 0 X 0



I HISTORY (current status/ last 14 days)

1	1 Type of nutrition How is the child currently being fed?		Family food (incl. solid food)	7		
-			Soft family food (easy to chew)	6		
		Oral	Porridge with bits or very soft bite-sized food (finger food)	5		
			Porridge (pureed food) without bits	4		
			Exclusively breastfed/bottle-fed	3		
		Partially tube- fed	Partial oral feeding	2	max 7	
		Tube fed	Smallest amounts for oral stimulation	1		
		Tube-fed	No oral feeding	0		

If necessary, ask about diets and give examples. Note the advice on scoring this item block above!

			NO	YES		
2	2 Jaw strength and stability How are jaw strength and stability	Bites off food	0	1		
-		Chews food	0	1		1
	already developed?	Drinks from an open cup	0	1	1 5	0
		Drinks from a straw	0	1	max 4	
In th	is question, the point values for YES and NO are	e inverse to the following questions.		1	•	

			No	YES		
3	Compensation	Adapted posture (e.g., lying flat, elevated)	1	0		
	Are special adjustments required when	Thickening of liquids (e.g., water, milk)	1	0		
	eating?	Aids required (e.g., special nipple, syringe)	1	0	max 3	~
Fror	n here, the point value for YES and NO changes and	d remains constant.				
4	Choking Does the child choke when eating? How	Chokes when eating	1	0		
•		Coughs frequently during/after eating	1	0		1
	does choking manifest itself?	Apneas/oxygen desaturation during food intake	1	0		
		Intervention required (pick up, suction)	1	0	max 4	
Cho	king is not always manifested by coughing. Ask spe	cifically about apnea/extended breathing pauses.	I.			
5	Eating behavior	Extremely picky eater	1	0		_
5	Is the child's eating behavior abnormal?	Refuses oral food intake regularly	1	0		K
	Are the parents concerned?	Parental concern regarding food intake	1	0	max 3	×
Pare	ntal concern relates to challenging eating habits, t	he amount of food, or weight gain.	1			
6	Fatigue	Exhausted when eating	1	0		
	Does the child manage to eat the amount of food it needs? Does it exhaust prematurely?	Eats very slowly/takes a long time for a meal	1	0	max 2	
7	Vomiting Does the child vomit?	(forceful) Vomiting food or tube feedings	1	0	max 1	_
Vorr	iting independent of infections.	I			1107.2	
8	Secretion management How is secretion management?	Increased secretion/mucus	1	0		
•		Chokes on saliva/secretion	1	0		
		Wet breath sounds/wet vocal quality	1	0		
		Oral suction of saliva/secretion required	1	0	max 4	
	cessary, simulate or paraphrase wet breathing and		11	1		

II EXAMINATION

			No	YES	
9	Strength/breathing Observe throughout the investigation	Weak voice	1	0	
5		Weak cough	1	0	
		Significant paradoxical rib cage prolapse/paradoxical breathing	1	0	max 3
10	Intraoral examination Watch the tongue with the pen light for at	Significant tongue fasciculations	1	0	
-	Watch the tongue with the pen light for at	Noticeably high/narrow palate	1	0	
-	Watch the tongue with the pen light for at least 5 seconds.	Noticeably high/narrow palate Reduced maximum jaw opening	1 1	0 0	

SUBTOTAL EXAMINATION (max 7)

TOTAL: HISTORY + EXAMINATION (max 35)