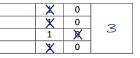
## **DySMA**

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
<ul> <li>Ask questions to the parents</li> <li>Frame of reference: current status/ last 14 days</li> </ul>	<ul> <li>Transfer from other daily examinations possible (e.g., weak voice when crying or view of the palate during blood sampling)</li> </ul>
	Materials needed: Pen light, toys to stimulate mouth opening (e.g., O-Ball, rattle toy)
Advice on scoring	
<ul> <li>Only evaluable if complete. Retest required for missing o</li> <li>Maximum point value is given per item block</li> </ul>	bservations.
<ul> <li>For item block 1, "Type of nutrition"</li> <li>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</li> <li>If partial or al feeding is used, check 2. E.g. child is being to the second sec</li></ul>	= 0 (continue from item block 7).
For item blocks 2-10	NEIN JA
<ul> <li>Add up and enter points per item block</li> </ul>	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	<b>Choking</b> 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	<b>Vomiting</b> 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)