

Patient's label

# G U S S

(Gugging Swallowing Screen)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Investigator: \_\_\_\_\_

## 1. Preliminary Investigation / Indirect Swallowing Test

		YES	NO
<b>VIGILANCE</b>	The patient must be alert for at least <u>15 minutes</u>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>COUGHING and/or THROAT CLEARING</b>	Voluntary cough: The patient should cough or clear his/her throat twice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>SWALLOWING SALIVA</b>	Conduct oral hygiene if the mouth is very dry If the patient coughs during or after swallowing saliva please tick „No“	1 <input type="checkbox"/>	0 <input type="checkbox"/>
• Swallowing successful			
• Drooling	Permanent severe saliva drooling	0 <input type="checkbox"/>	1 <input type="checkbox"/>
• Voice change after swallowing	Gurgling, wet hoarse voice since onset of stroke	0 <input type="checkbox"/>	1 <input type="checkbox"/>
	<b>SUM:</b>	(5)	
		1 – 4 = Stop the test see GUSS-Evaluation 5 = Continue with part 2	

## 2. Direct Swallowing Test (Material: Water, food thickener, teaspoon, cup, syringe, bread, biscuit)

In the following order	SEMISOLID →	LIQUID →	SOLID
	½ teaspoon of thickened water (IDDSI: Level 3) If there are no symptoms apply 3-5 more teaspoons Stop the investigation if one of the 4 aspiration criteria is observed	Offer 3, 5, 10, 20 ml of water in a cup followed by 50 ml of water. (sequential swallows) Stop the investigation if one of the 4 aspiration criteria is observed	Offer a piece of bread without crust and/or a piece of biscuit (max. 1.5 x 1.5cm) Stop the investigation if one of the 4 aspiration criteria is observed
<b>DEGLUTITION</b>			
▪ Swallowing not possible	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ Swallowing delayed (semisolids, fluids > 2 sec. solids > 10 sec.)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
▪ Swallowing successful	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>COUGHING (involuntary)</b> <i>(before, during and after swallowing - until 3 minutes later)</i>			
▪ Yes	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ No	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
<b>DROOLING</b>			
▪ Yes	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ No	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
<b>VOICE CHANGE</b> <i>(Listen to the voice before and after swallowing - Patient should say „Ohhh“)</i>			
▪ Yes	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
▪ No	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	<b>SUM:</b>	(5)	(5)
		1 – 4 = Stop the test see GUSS-Evaluation 5 = Continue „Liquid“	1 – 4 = Stop the test see GUSS-Evaluation 5 = Continue „Solid“
<b>SUM:</b> (Indirect Swallowing Test AND Direct Swallowing Test) _____ (20)			

# G U S S E V A L U A T I O N

## (Gugging Swallowing Screen)

RESULTS		SEVERITY CODE	RECOMMENDATIONS (related to IDDSI-Framework, <a href="http://www.iddsi.org">www.iddsi.org</a> )
20	Swallowing semisolids, liquids and solid textures successful	Slight / No dysphagia with no or minimal risk of aspiration	<ul style="list-style-type: none"> <li>• Normal diet (Level: 7, 7minus)</li> <li>• Regular liquids (Level: 0)</li> <li>• First normal meal under supervision of a SLT/SLP or dysphagia-trained nurse to evaluate the swallowing ability of mixed consistencies</li> </ul>
15-19	Swallowing semisolids successful, swallowing liquids can be deficient, solids can be deficient	Slight dysphagia with aspiration risk	<ul style="list-style-type: none"> <li>• Dysphagia diet (pureed and soft food) (Level: 5 or 6)</li> <li>• Liquids thickened (Level: 1 or 2)</li> <li>• Water (Level: 0) should only be drunk after following the “Frazier Free Water Protocol” (Gillmann et al 2016)</li> <li>• <i>Optional:</i> Further functional swallowing assessments (FEES, VFES)<sup>1</sup></li> <li>• <i>Optional:</i> Refer to Speech&amp;Language Pathologist(SLP) or Speech&amp;Language Therapist (SLT)<sup>1</sup></li> </ul> <p style="text-align: center;"><i>Supplementation via PEG, nasogastric tube or parenteral + supplementary food</i></p>
10-14	Swallowing semisolids successful, swallowing liquids deficient	Moderate dysphagia with aspiration risk	<ul style="list-style-type: none"> <li>• Semisolid textures (Level: 4)</li> <li>• All liquids must be thickened (Level: 2-3)</li> <li>• Pills should be crushed and mixed with puree (Level: 3-4)</li> <li>• No liquid medication!</li> <li>• <i>Optional:</i> Further functional swallowing assessments (FEES,VFES)<sup>1</sup></li> <li>• <i>Optional:</i> Refer to Speech&amp;Language Pathologist (SLP) or Speech&amp;Language Therapist (SLT)<sup>1</sup></li> </ul> <p style="text-align: center;"><i>Supplementation via PEG, nasogastric tube or parenteral + supplementary food</i></p>
0-9	Preliminary investigation unsuccessful or swallowing semisolids unsuccessful	Severe dysphagia with high risk of aspiration	<ul style="list-style-type: none"> <li>• NPO (non per os = nothing by mouth)</li> <li>• <i>Optional:</i> Further functional swallowing assessments (FEES,VFES)<sup>1</sup></li> <li>• <i>Optional:</i> Refer to Speech&amp;Language Pathologist(SLP) or Speech&amp;Language Therapist (SLT)<sup>1</sup></li> </ul> <p style="text-align: center;"><i>Supplementation via PEG, nasogastric tube or parenteral</i></p>

<sup>1</sup> Use functional Investigations like: Fiberoptic Endoscopic Evaluation of Swallowing (FEES), Videofluoroscopic Evaluation of Swallowing (VFES) and Clinical Swallowing Examination (CSE) by Speech & Language Pathologists (SLP) or Speech & Language Therapists (SLT).