Swallow Resource Pack

Swallowing Diary

NHS Solent NHS Trust

Name: .... Date of Birth: .... NHS .... Room ....

Please record ALL instances where you observe difficulty swallowing, including any choking, coughing, throat-clearing or significant changes in the sound of voice.

Date	Time	What was the resident eating or drinking at the time or just before?	Describe what happened	Any other comments	Staff member name

Swallowing Diary continued

Name: .... Date of Birth: .... NHS .... Room ....

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Swallowing Diary continued

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