

Patient's label

G U S S

(Gugging Swallowing Screen)

Date: _____

Time: _____

Investigator: _____

1. Preliminary Investigation / Indirect Swallowing Test

		YES	NO
VIGILANCE	The patient must be alert for at least <u>15 minutes</u>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
COUGHING and/or THROAT CLEARING	Voluntary cough: The patient should cough or clear his/her throat twice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
SWALLOWING SALIVA	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"/>
	SUM:	(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 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
DEGLUTITION			
▪ 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"/>
COUGHING (involuntary) (before, during and after swallowing - until 3 minutes later)			
▪ 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"/>
DROOLING			
▪ 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"/>
VOICE CHANGE (Listen to the voice before and after swallowing - Patient should say „Ohhh“)			
▪ 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"/>
	SUM:	(5)	(5)
		1 – 4 = Stop the test see GUSS-Evaluation 5 = Continue „Liquid“	1 – 4 = Stop the test see GUSS-Evaluation 5 = Continue „Solid“
SUM: (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, www.iddsi.org)
20	Swallowing semisolids, liquids and solid textures successful	Slight / No dysphagia with no or minimal risk of aspiration	<ul style="list-style-type: none"> • Normal diet (IDDSI 7 or 7EC) • Regular liquids (IDDSI 0) • First normal meal under supervision of a SLT/SLP or dysphagia-trained nurse to evaluate the swallowing ability of mixed consistencies
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"> • Dysphagia diet (minced & moist or soft & bite-sized) (IDDSI 5 or 6) • Liquids sip by sip (IDDSI 0) or thickened (IDDSI 1-2) • <i>Optional:</i> Further functional swallowing assessments (FEES, VFES)¹ • <i>Optional:</i> Refer to Speech&Language Pathologist (SLP) or Speech&Language Therapist (SLT)¹ <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"> • Pureed textures (IDDSI 3-4) • All liquids must be thickened (IDDSI 2-4) • Pills should be crushed and mixed with puree (IDDSI 3-4) • No liquid medication! • <i>Optional:</i> Further functional swallowing assessments (FEES, VFES)¹ • <i>Optional:</i> Refer to Speech&Language Pathologist (SLP) or Speech&Language Therapist (SLT)¹ <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"> • NPO (non per os = nothing by mouth) • <i>Optional:</i> Further functional swallowing assessments (FEES, VFES)¹ • <i>Optional:</i> Refer to Speech&Language Pathologist (SLP) or Speech&Language Therapist (SLT)¹ <p style="text-align: center;"><i>Supplementation via PEG, nasogastric tube or parenteral</i></p>

¹ 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).