

Silent aspiration on swallow study: update on fluid and medication changes



Assume that today's date is 22 October 2026. Mrs Farquhar's videofluoroscopic swallow study was completed two days ago. You are a speech pathologist in the outpatient speech pathology department of the local hospital. Using the information in the case notes, write a letter to Mrs Farquhar's GP, Dr Rahul Fordyce, updating him on the results of her swallow study and your recommendations, and asking him to review her medications. Address the letter to Dr Rahul Fordyce, General Practitioner, Family Medical Practice, 22 Main Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				Speech pathology assessment			
1. Name: Mrs Isla Farquhar	☐	☐	☐	21. VFSS: silent aspiration of thin fluids (no cough response); delayed swallow initiation	☐	☐	☐
2. DOB: 03/05/1947 (79 yrs)	☐	☐	☐	22. VFSS: no aspiration with mildly thick fluids (IDDSI Level 2); soft & bite-sized solids (IDDSI Level 6, current diet) cleared well — no change needed	☐	☐	☐
3. Address: Unit 4, 15 High Street	☐	☐	☐	23. VFSS: barium test tablet held in throat; cleared only after several swallows	☐	☐	☐
4. Referred by GP (Dr Rahul Fordyce) 2/12 ago: ? swallowing problem — recurrent chest infections	☐	☐	☐	24. Pt complained about long wait in radiology waiting room	☐	☐	☐
Social background				Treatment/Progress			
5. Lives with daughter (52), who prepares meals and manages medications	☐	☐	☐	25. All fluids → mildly thick (IDDSI Level 2); thickener supplied; daughter trained in preparation	☐	☐	☐
6. Retired primary school teacher; plays bridge weekly	☐	☐	☐	26. Sit fully upright for all food, fluids and medications and for at least 30 min after	☐	☐	☐
7. Son lives overseas; daughter says her brother 'never helps with anything'	☐	☐	☐	27. Single small sips from a cup; no straws	☐	☐	☐
8. Daughter works part-time from home	☐	☐	☐	28. Oral hygiene incl. dentures twice daily to ↓ risk of aspiration pneumonia	☐	☐	☐
Medical history				29. Pt initially reluctant — dislikes taste/texture of thickened drinks; agreed to trial	☐	☐	☐
9. Recurrent chest infections: 3 episodes in last 6/12, each treated with oral antibiotics by GP	☐	☐	☐	30. Risk of ↓ fluid intake on thickened fluids → dehydration	☐	☐	☐
10. R CVA 2022 — mild residual L arm weakness	☐	☐	☐	Plan			
11. Type 2 diabetes — metformin 1 g BD (large tablet)	☐	☐	☐	31. URGENT GP medication review with pharmacist (metformin, calcium/vitamin D, potassium chloride SR) — consider smaller or alternative forms; SR potassium must not be crushed	☐	☐	☐
12. Hypertension — perindopril daily	☐	☐	☐	32. 22/10/26: phoned GP practice & community pharmacist → same-day medication-specific administration plan needed before further doses of large tablets; daughter informed. Any new form/vehicle must suit assessed swallow (thin liquid medicines not automatically safe)	☐	☐	☐
13. Osteoporosis — calcium carbonate/colecalciferol tablet daily (large tablet)	☐	☐	☐	33. GP to monitor chest and hydration; daughter to keep daily fluid intake chart	☐	☐	☐
14. Low potassium — slow-release potassium chloride tablet BD (large; must not be crushed)	☐	☐	☐	34. Daughter advised: fever, ↑ breathlessness or productive cough → see GP promptly	☐	☐	☐
15. Bilateral cataract surgery 2015	☐	☐	☐	35. SP home review 4/52 — check acceptance of thickened fluids; repeat VFSS PRN	☐	☐	☐
16. Allergies: nil known	☐	☐	☐				
Speech pathology assessment							
17. Clinical swallow assessment 06/10/26: no cough on thin fluids; mildly wet voice after drinks	☐	☐	☐				
18. Full upper and lower dentures — fit well	☐	☐	☐				
19. Daughter reports: pt takes tablets one at a time with several mouthfuls of water; large tablets 'feel stuck'; sometimes found left in mouth	☐	☐	☐				
20. Videofluoroscopic swallow study (VFSS) 20/10/26	☐	☐	☐				