

**Nurse-Performed Screening for Post-Extubation Dysphagia:  
A Before-And-After Study in Critically-Ill Medical Patients**

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### Post-Extubation Dysphagia Screening Form

Patient details  
Please paste sticky label  
here

Day	1	2	3
Passed/ Failed			

Ward/ Bed No.: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Qualified RN's Name & Signature: \_\_\_\_\_

