

bedside swallowing assessment

bedside swallowing assessment is a crucial clinical procedure used to evaluate a patient's ability to swallow safely and effectively without the need for immediate instrumental tests. This assessment plays a significant role in identifying dysphagia, which can arise from various neurological, structural, or functional conditions. By conducting a bedside swallowing evaluation, healthcare professionals can determine the risk of aspiration, guide dietary recommendations, and plan appropriate interventions. The process is non-invasive, cost-effective, and can be performed promptly at the patient's bedside, making it an essential tool in acute care, rehabilitation, and long-term care settings. This article will explore the definition, components, indications, techniques, limitations, and clinical significance of bedside swallowing assessment. Additionally, it will highlight best practices and the role of multidisciplinary teams in managing swallowing disorders.

- Understanding Bedside Swallowing Assessment
- Indications and Patient Selection
- Components of the Bedside Swallowing Assessment
- Techniques and Procedures
- Limitations and Challenges
- Clinical Significance and Outcomes
- Best Practices and Multidisciplinary Approach

Understanding Bedside Swallowing Assessment

Bedside swallowing assessment is a clinical evaluation method used to screen and assess swallowing function in patients suspected of having dysphagia. It is typically performed by speech-language pathologists, nurses, or other trained healthcare providers. The primary goal is to identify patients who are at risk of aspiration or choking, which can lead to serious complications such as pneumonia, malnutrition, or dehydration. This assessment provides immediate information on the patient's swallowing safety and efficiency without requiring instrumentation like videofluoroscopy or fiberoptic endoscopic evaluation of swallowing (FEES).

Swallowing involves a complex coordination of muscles and nerves, and disruptions can occur due to stroke, traumatic brain injury, neurodegenerative diseases, head and neck cancers, or other medical conditions. Bedside swallowing assessment helps to detect abnormalities in oral motor function, coordination, and protective reflexes. It serves as an initial screening tool to determine the need for further diagnostic testing or immediate intervention.

Indications and Patient Selection

Identifying appropriate candidates for bedside swallowing assessment is essential to optimize patient safety and resource utilization. The evaluation is indicated in patients who present with signs or symptoms suggestive of swallowing difficulties or aspiration risk. Common scenarios include:

- Post-stroke patients with suspected dysphagia
- Individuals with neurological disorders such as Parkinson's disease or multiple sclerosis
- Patients with head and neck surgery or radiation therapy
- Persons exhibiting coughing, choking, or voice changes during meals
- Those with unexplained weight loss or dehydration
- Patients with reduced level of consciousness or cognitive impairment affecting swallowing

Bedside swallowing assessment can be performed on both inpatient and outpatient populations. However, patients who are medically unstable or unable to cooperate may require alternative diagnostic modalities or close monitoring before assessment.

Components of the Bedside Swallowing Assessment

The bedside swallowing assessment is a systematic process that includes several key components to evaluate swallowing function comprehensively. These components provide valuable clinical data to assess the risk of aspiration and guide dietary recommendations.

Medical History Review

Obtaining a thorough medical history is fundamental. This includes reviewing the patient's diagnosis, comorbidities, prior swallowing difficulties, current medications, and nutritional status. Understanding the onset and progression of symptoms assists in tailoring the assessment.

Oral Motor Examination

The oral motor exam evaluates the strength, coordination, and sensation of the lips, tongue, jaw, and palate. This includes assessing:

- Range of motion and symmetry of oral structures
- Muscle tone and strength during voluntary movements
- Reflexes such as gag and cough

- Sensory awareness within the oral cavity

Trial Swallowing

Patients are given controlled amounts of various food and liquid consistencies to swallow while being closely observed. This phase monitors for signs of aspiration or penetration such as coughing, throat clearing, wet voice quality, or changes in breathing patterns.

Assessment of Voice and Respiratory Status

Voice quality is evaluated before and after swallowing trials to detect any wet or hoarse sounds indicative of aspiration. Respiratory rate and oxygen saturation may also be monitored to identify any compromise during the assessment.

Techniques and Procedures

Several techniques are employed during bedside swallowing assessment to ensure a thorough evaluation. These techniques help clinicians observe and identify swallowing dysfunction accurately.

Visual Observation

Clinicians observe the patient's posture, alertness, and oral preparatory behaviors. Attention is paid to lip closure, tongue movements, and the ability to coordinate breathing and swallowing.

Swallow Trials with Different Consistencies

Systematic trials using liquids, purees, and solids are administered cautiously to evaluate swallowing safety. Each consistency poses different challenges, and responses are carefully documented.

Pulse Oximetry Monitoring

Pulse oximetry may be used during the assessment to detect oxygen desaturation episodes that can occur with silent aspiration. While not diagnostic alone, it provides adjunctive information to clinical findings.

Use of Swallowing Scales and Checklists

Standardized tools and rating scales, such as the Gugging Swallowing Screen or the Mann Assessment of Swallowing Ability, are often utilized to quantify swallowing function and risk.

Limitations and Challenges

Despite its advantages, bedside swallowing assessment has inherent limitations that clinicians must recognize. It is primarily a screening tool and cannot definitively diagnose aspiration or the underlying physiological abnormalities causing dysphagia.

Some challenges include:

- Inability to visualize the pharyngeal and esophageal phases of swallowing
- Potential for silent aspiration that lacks overt signs such as coughing
- Variability in clinician experience and subjective interpretation
- Patient factors such as fatigue, cognitive impairment, or poor cooperation

Consequently, if bedside assessment raises suspicion for dysphagia or aspiration, instrumental evaluations like videofluoroscopic swallow study (VFSS) or FEES are recommended for definitive diagnosis and treatment planning.

Clinical Significance and Outcomes

Bedside swallowing assessment is vital in early identification of dysphagia, which can significantly impact patient outcomes. Early detection allows timely intervention to prevent complications such as aspiration pneumonia, malnutrition, and prolonged hospitalization.

The assessment informs decisions regarding:

- Appropriate diet modifications (e.g., thickened liquids, pureed foods)
- Need for alternative feeding methods such as enteral nutrition
- Referral for further diagnostic testing
- Implementation of swallowing therapy and rehabilitation

By guiding clinical management, bedside swallowing assessment contributes to improved safety, enhanced quality of life, and reduced healthcare costs associated with dysphagia-related complications.

Best Practices and Multidisciplinary Approach

Optimal bedside swallowing assessment involves adherence to standardized protocols and collaboration among healthcare professionals. Speech-language pathologists play a central role, working alongside physicians, nurses, dietitians, and occupational therapists to provide comprehensive care.

Standardized Training and Competency

Clinicians performing bedside swallowing assessments should receive specialized training to enhance accuracy and reliability. Ongoing education and interprofessional communication are encouraged to maintain high standards.

Documentation and Communication

Detailed documentation of findings and recommendations is essential for continuity of care. Clear communication with the healthcare team ensures that swallowing precautions and interventions are consistently implemented.

Patient and Caregiver Education

Educating patients and their caregivers about safe swallowing techniques, dietary modifications, and signs of aspiration promotes adherence and reduces risks.

Regular Reassessment

Swallowing function may change over time; thus, periodic reassessment is recommended to adjust care plans accordingly and optimize patient outcomes.

Frequently Asked Questions

What is a bedside swallowing assessment?

A bedside swallowing assessment is a clinical evaluation conducted at a patient's bedside to screen and assess swallowing function, helping to identify dysphagia and the risk of aspiration without the need for specialized equipment.

Who typically performs a bedside swallowing assessment?

Bedside swallowing assessments are typically performed by speech-language pathologists (SLPs), nurses, or trained healthcare professionals experienced in evaluating swallowing function.

What are the key components of a bedside swallowing assessment?

Key components include a review of medical history, observation of oral motor function, assessment of voice quality, evaluation of cough reflex, and trials with different food and liquid consistencies to observe swallowing safety and efficiency.

Why is bedside swallowing assessment important?

It helps in early detection of dysphagia, prevents complications like aspiration pneumonia, guides dietary modifications, and informs the need for further instrumental assessments or interventions.

Can bedside swallowing assessments diagnose all types of swallowing disorders?

No, bedside assessments are screening tools and may miss silent aspiration or subtle abnormalities; instrumental assessments like videofluoroscopic swallow study (VFSS) or fiberoptic endoscopic evaluation of swallowing (FEES) may be required for comprehensive diagnosis.

What signs during a bedside swallowing assessment indicate a risk of aspiration?

Signs include coughing or choking during or after swallowing, wet or gurgly voice quality, difficulty managing secretions, delayed swallow initiation, and changes in oxygen saturation.

How is patient safety ensured during a bedside swallowing assessment?

Safety is ensured by starting with small amounts of safe consistency, monitoring closely for signs of distress or aspiration, having suction equipment available, and stopping the assessment if the patient shows signs of difficulty.

How does a bedside swallowing assessment influence patient care?

It informs clinical decisions regarding diet modifications, feeding strategies, need for alternative nutrition methods, and referrals for instrumental assessments or therapy to improve swallowing function.

Are bedside swallowing assessments effective in all patient populations?

They are effective as initial screenings in many populations including stroke, neurological disorders, and elderly patients, but limitations exist in patients with cognitive impairments or those unable to follow commands, requiring alternative approaches.

What training is required to perform a bedside swallowing assessment?

Healthcare professionals should undergo specialized training in dysphagia screening and assessment protocols, often provided through formal education or continuing professional development courses, to competently perform bedside swallowing assessments.

Additional Resources

1. *Bedside Swallowing Assessment: A Clinical Guide*

This comprehensive guide offers clinicians practical strategies for conducting bedside swallowing evaluations. It covers anatomy, physiology, and common pathologies affecting swallowing. The book emphasizes clinical decision-making and includes case studies to enhance understanding.

2. *Swallowing Disorders: A Multidisciplinary Approach to Diagnosis and Treatment*

Focused on a team-based approach, this text explores the roles of various healthcare professionals in swallowing assessment and management. Detailed chapters discuss bedside assessment techniques alongside instrumental evaluations. It also addresses rehabilitation strategies tailored to patient needs.

3. *Clinical Swallowing Evaluation: Techniques and Interpretation*

Designed for speech-language pathologists, this book delves into the nuances of bedside swallowing assessments. It provides step-by-step instructions for conducting evaluations and interpreting findings. The text also highlights common pitfalls and how to avoid them during clinical practice.

4. *The Dysphagia Handbook: Bedside and Instrumental Assessment*

This handbook serves as a quick reference for clinicians assessing swallowing disorders. It balances bedside assessment protocols with guidance on when to refer for instrumental studies. The book includes charts, checklists, and patient communication tips.

5. *Swallowing Function and Dysfunction: Bedside Assessment to Rehabilitation*

Covering the full spectrum of swallowing care, this book starts with bedside evaluation principles and progresses to therapeutic interventions. It includes evidence-based practices and recent research findings. The text is suitable for both students and practicing clinicians.

6. *Essentials of Bedside Swallowing Assessment in Adults*

This concise text focuses on adult populations, providing clear guidelines for bedside swallowing evaluations. It emphasizes safety, accuracy, and efficiency in clinical settings. The book also covers common disorders and their impact on swallowing function.

7. *Practical Dysphagia Management: Bedside Assessment and Treatment Strategies*

A hands-on resource, this book equips clinicians with actionable tools for bedside assessments and immediate intervention planning. It discusses assessment scales, patient positioning, and compensatory techniques. Case examples illustrate real-world application.

8. *Swallowing Assessment in Neurological Disorders: Bedside to Instrumental Approaches*

Focusing on patients with neurological impairments, this text highlights the complexities of swallowing assessment in this group. It provides tailored bedside evaluation methods and criteria for instrumental testing. The book also reviews rehabilitation options specific to neurological conditions.

9. *Adult Bedside Swallowing Evaluation: Clinical Techniques and Case Studies*

This book combines theoretical background with practical application through detailed case studies. It guides clinicians through the entire bedside assessment process, emphasizing clinical reasoning and documentation. The text is particularly useful for those new to swallowing assessments.

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bedside swallowing assessment: Evidence-Based Bedside Swallowing Assessment by Nurses for the Patients with Stroke Oi-Chi Wong, [PDF], 2017-01-26 This dissertation, Evidence-based Bedside Swallowing Assessment by Nurses for the Patients With Stroke by Oi-chi, Wong, [PDF], was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author. Abstract: Background and Purpose Stroke is the loss of brain's function caused by hypoxia of brain cells depending on the severity and the location of the stroke. In Hong Kong, strokes are the 4th leading cause of death and morbidity in the year of 2010. Dysphagia is a common morbidity related to stroke. Approximately, 50% of stroke patients with dysphagia are suffered with aspiration and aspiration pneumonia which may lead to increased length of stay in hospitals, mortality rate and medical costs. An early nursing dysphagic screening and assessment protocol can help in early detect of dysphagia and therefore help to reduce incidence of aspiration and pneumonia. In order to understand the effectiveness of the nursing dysphagic screening and assessment protocol for the acute stroke patients, a number of studies have been reviewed to gather evidences for the translational research. A bedside nursing swallowing screening and assessment for patients with stroke is developed by incorporating findings from the literature review. Review Question In comparison to the routine care, is the nursing dysphagia assessment intended for the acute stroke patients more effective in reducing (1) the waiting time for having swallow assessment and the (2) the incidence of aspiration and pneumonia? Methods A systematic review of literatures from Ovid Medline (from 1946 to 2012), Pubmed (all dates), CINAHL Plus (from 1971 to 2012) and China Journal Net (from 1912 to 2012) was conducted. Five studies of bedside swallow screening and assessment that can be performed by nurses were selected and critically appraised using the recognized assessment criteria. Results The key components identified from the reviewed studies including swallowing assessment should be performed by trained nurses and acute stroke patients should be alert and able and can keep the sit up position during the swallowing assessment. Moreover, water swallowing test must be included as a part of the swallow assessment and assessment should best be performed in daily basic. Patients should be keeping nil of mouth when they failed the screening and referred for further assessment and management. Implementation potential in terms of transferability, feasibility and the cost benefit ratio of the proposed innovation were assessed. A communication plan was developed for the integration of the proposed innovation into the clinical setting. Outcome measures such as positive predictive value of detecting dysphagia, mean waiting time of waiting the initial swallow screening, occurrence of pneumonia, staff knowledge and compliance were identified to evaluate the effectiveness of the proposed innovation and guideline. Conclusion The findings of this systematic review showed that the nursing dysphagic swallow screening and assessment is effective in detecting the dysphagia of the acute stroke patients. Further development of the proposed innovation will be conducted in the clinical setting in order to satisfy the needs of the acute stroke patients. DOI: 10.5353/th_b4833930 Subjects: Deglutition disorders - Diagnosis Cerebrovascular disease - Patients Evidence-based nursing

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- Treatment approaches have been updated to include new material on neuroplasticity, chin tuck against resistance (CTAR), and prophylactic strategies.
- * A new chapter on telehealth and dysphagia is available on the companion website and in the ebook version.
- * The chapter on endoscopy has been enhanced and expanded.
- * The chapters on fluoroscopy have been streamlined and condensed.
- * A new chapter focuses on the impact of dysphagia on the airway and how artificial airways may affect swallowing function.
- * The most recent nutrition guidelines have been updated, with a special focus on integration of texture modifications and dietary preferences with optimal nutrition.
- * The pediatrics chapter now provides a detailed discussion of thickeners and adequate nutrition.
- * End-of-chapter reflection questions have been updated.
- * Effective and well-documented examples of specific treatments have been included as supplementary boxes.
- * Additional videos with case studies are available. Also available is a separate companion workbook for students, *Dysphagia Assessment and Treatment Planning Workbook*, Fifth Edition. The workbook includes practical exercises aligned with each chapter of the textbook. The activities and questions are designed to clarify and expand on information presented in the text and should be of interest not only to students but also to practicing clinicians seeking fresh approaches. The workbook has been thoroughly updated to reflect the new organization and content of the textbook. Disclaimer: Please note that ancillary content such as bonus chapter material may not be included as published in the original print version of this book.

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and quality of life. The new edition addresses the importance of early intervention and role of speech-language pathologists in managing swallowing disorders. The text has been revised to include involvement in research, teaching, and clinical practice related to swallowing disorders from infancy to aging. New to the Sixth Edition: * New co-author, Erin Walsh, MA, CCC-SLP, IBCLC, BCS-S, presents a fresh perspective on infant feeding and swallowing * Patient vignettes in each chapter highlight the personal impact of health conditions * Additional tables have been added to coincide with anatomical images * Discussion of evidence-based methods in the use of electrical stimulation and cortical neuromodulating treatment * Emphasis on new evidence demonstrating the importance of early intervention and aggressive treatment of dysphagia in infants and aging patients * Outcome data highlighting the importance of proactive measures in managing aspiration risks * Updated list of diseases with their associated swallowing problems accompanied with video examples * Enhanced glossary with new terms and expanded explanations as they relate to swallowing and other diseases Key Features: * Full-color layout and illustrations * Case studies, clinical tips, clinician's roles, areas of emphasis, and key learning points appear throughout the chapters * Videos with examples of normal swallowing and patients with swallowing disorders * Discussion questions and answers for each chapter * Bolded and boxed key terms throughout with an end-of-book glossary * Multiple appendices feature helpful tests and tools for clinicians *Disclaimer: please note, ancillary content such as flashcards and appendices are not included as in the print version of this book.

bedside swallowing assessment: Neurogenic Dysphagia Tobias Warnecke, Rainer Dzielwas, Susan Langmore, 2021-03-05 This book is a clinical manual that covers the whole spectrum of swallowing and its disorders. It starts with physiology of swallowing, pathophysiology of disordered deglutition, diagnostic methods (clinical and instrumental) and ends with an in-depth's and up-to-date presentation of current treatment options. The clinically most relevant topics of dysphagia management on the stroke unit and the intensive care unit are dealt with in separate chapters. Also the closely intertwined issue of nutritional management is specifically addressed. Most importantly, the book covers all obligatory topics of the Flexible Endoscopic Evaluation of Swallowing (FEES)-curriculum, an educational initiative that started in Germany in 2014 and is currently being extended to other European and non-European countries. The book is richly illustrated and an online video section provides a number of typical patient cases. FEES is probably the most commonly chosen method for the objective assessment of swallowing and its disorders. It is used in stroke units, intensive care facilities, geriatric wards but also in rehabilitation clinics and within dedicated outpatient services. This book on neurogenic dysphagia therefore addresses a wide range of different medical disciplines, such as neurologists, geriatricians, intensive care physicians, rehabilitation physicians, gastroenterologists, otolaryngologists, phoniatrists and also speech-language pathologists.

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contemporary multidisciplinary management of these patients, Drs. Hanna and DeMonte bring you Comprehensive

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Instruments; The Modified Barium Swallow; Functional Endoscopic Evaluation of Swallowing; Esophageal Disease; Ancillary Testing in the Evaluation of Dysphagia; Malnutrition and Dehydration; Management of Cricopharyngeal Dysfunction; Zenker's Diverticulum; Glottal Insufficiency with Aspiration Risk in Dysphagia; Global Laryngeal Dysfunction; Screening High-risk Groups, Pathway for Intervention, and more. Guest Editor Kenneth Altman of Mount Sinai, whose expertise, clinical work, and teaching is focused on laryngology, leads the group of expert physicians in this issue.

bedside swallowing assessment: Diet and Nutrition in Dementia and Cognitive Decline

Colin R Martin, Victor R Preedy, 2014-12-30 Diet and Nutrition in Dementia and Cognitive Decline offers researchers and clinicians a single authoritative source which outlines the complex interrelationships between cognitive decline, dementia and the way diet can be modified to improve outcomes. In a cross-disciplinary field like dementia research and practice, clinicians and researchers need a comprehensive resource which will quickly help them identify a range of nutritional components and how they affect cognitive decline and the development of dementia. While the focus is on clinical applications, the book also features landmark and innovative preclinical studies that have served as the foundation of rigorous trials. Chapters explore the evidence of how nutritional components, either in the diet or supplements, can either impede the development to, or progression from, the onset of dementia. Authors investigate how conditions and processes overlap between defined conditions and present studies which show that dietary components may be equally effective in a number of conditions characterized by declining cognition or dementia. This book represents essential reading for researchers and practicing clinicians in nutrition, dietetics, geriatrics, nursing, neurology, and psychology, as well as researchers, such as neuroscientists, molecular and cellular biochemists, interested in dementia.

<http://www.acnr.co.uk/2015/07/diet-and-nutrition-in-dementia-and-cognitive-decline/> - Explores the complex interrelationships between cognitive decline, dementia and the way diet can be modified to improve outcomes - Focuses on both clinical nutrition applications and the innovative preclinical studies that serve as the foundation for rigorous trials - Covers specific conditions and mechanisms in dementias, as well as general aspects, risk factors, lifestyle and guidelines for practitioners - Organizes chapter content in terms of the molecular, mechanistic, epidemiologic, and practical, so that correlations can be observed across conditions

bedside swallowing assessment: Comprehensive Insights into Glossitis: From Pathogenesis to Precision Management Dr. Spineanu Eugenia, 2025-03-12 Explore the intricate world of Glossitis with our comprehensive treatise, 'Comprehensive Insights into Glossitis: From Pathogenesis to Precision Management'. Delve into the depths of this inflammatory condition, from its underlying genetic and molecular mechanisms to the latest advancements in diagnosis and treatment. Discover how genetic susceptibility, molecular pathways, and environmental factors intertwine to shape the course of Glossitis. Gain valuable insights into emerging diagnostic techniques, novel therapeutic approaches, and personalized management strategies. Whether you're a healthcare professional seeking in-depth knowledge or a patient seeking answers, this treatise offers a comprehensive guide to understanding Glossitis and navigating its complexities. Embark on a journey of discovery and empowerment as we unravel the mysteries of Glossitis and pave the way for precision-based care.

bedside swallowing assessment: Principles and Practice of Palliative Care and Support

Oncology Ann Berger, Joseph F. O'Neill, 2021-03-01 The only book on the market to cover palliative care for both adults and children, Pediatric and Adult Palliative Care and Support Oncology offers an easy-to-read, interdisciplinary approach to supportive oncology as well as end-of-life care. Ideal for oncologists, residents, fellows, nurse practitioners, and physician assistants, the fifth edition provides important updates for conventional topics while also featuring several brand new chapters. Covering everything from dermatologic toxicity of cancer treatment to running family meetings for setting goals of care, this unique title is a source of both help and inspiration to all those who care for patients with cancer.

bedside swallowing assessment: Oxford Handbook of Rehabilitation Medicine Manoj

Sivan, Margaret Phillips, Ian Baguley, Melissa Nott, 2019-10-07 The Oxford Handbook of

Rehabilitation Medicine is designed to provide concise information on rehabilitation aspects of long-term medical conditions affecting adults. The book has two sections, one on clinical symptom-specific approaches and another on condition-specific approaches. The clinical approach section outlines the management of common symptoms encountered in rehabilitation settings. The section on specific conditions provides information that will enable the reader to put the symptoms in context with the condition and provide direct management in a comprehensive and holistic manner. As the practice in rehabilitation goes beyond dealing with condition specific symptoms and is more focused on problem solving, the handbook provides a solid grounding in managing common practical problems in functions such as mobility, cognition, sex, relationships and work productivity. The conditions covered include neurological, musculoskeletal, neuromuscular, cardiac, pulmonary, cancer, vascular, trauma and burns. The latest advances from the field of orthotics, prosthesis, wheelchairs, technical aids and rehabilitation technology are included. The content and layout within each chapter and handbook as a whole attempt to capture all the aspects of WHO ICF biopsychosocial model for health conditions. This Handbook, although aimed at medical doctors in the specialist area of Rehabilitation Medicine (also known as Physical and Rehabilitation Medicine in some countries), will prove useful to other members of the multidisciplinary rehabilitation team such as physiotherapists, occupational therapists, nurses, psychologists, speech and language therapists, dieticians, support workers and any other allied healthcare professionals working in rehabilitation of chronic conditions. The Handbook will also appeal to doctors in the related specialties like Neurology, Orthopaedics and Trauma, Palliative Medicine, Geriatrics, Pain Medicine and Sports and Exercise Medicine.

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