

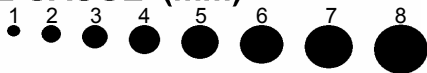
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NEUROLOGICAL ASSESSMENT FLOW SHEET

PATIENT IDENTIFICATION

DATE:	TIME: (Military Time)																
EYES OPEN	4 = SPONTANEOUS 3 = To SPEECH 2 = To PAIN 1 = NONE C = Eyes CLOSED by Edema																
BEST VERBAL RESPONSE	5 = ORIENTED 4 = CONFUSED 3 = Inappropriate WORDS 2 = Incomprehend. SOUNDS 1 = NONE T = ET / Trach																
BEST MOTOR RESPONSE	6 = Obeys Commands 5 = LOCALIZES (Pain) 4 = WITHDRAWS (Pain) 3 = FLEXION (Pain) 2 = EXTENSION (Pain) 1 = NONE																
GLASCOW COMA SCALE TOTAL:																	
PUPIL REACTION	<u>RIGHT</u> SIZE: REACTION:																

PUPIL GAUGE (mm)



B = BRISK
S = SLUGGISH

N = NO REACTION
C = EYES CLOSED

EXTREMITIES: Record RIGHT ("R") and LEFT ("L") if there is a difference between the two sides.

PUPIL REACTION	<u>LEFT</u> SIZE: REACTION:																
ARMS	NP = Normal Power W = Weakness NR = No Response																
LEGS	NP = Normal Power W = Weakness NR = No Response																
REFLEXES	CORNEAL:																
P = PRESENT	GAG:																
A = ABSENT	BABINSKI:																
(See Reverse)	SEIZURE ACTIVITY:																
(See Reverse)	BREATHING PATTERN:																
INITIALS:																	

PART OF THE MEDICAL RECORD

INITIAL**SIGNATURE****INITIAL****SIGNATURE**

SEIZURE ACTIVITY	DESCRIPTION
1. FOCAL	No loss of consciousness; may involve motor, sensory and / or autonomic symptoms.
2. PSYCHOMOTOR, TEMPORAL LOBE	May be preceded by an aura. At onset of seizure, there will be a consciousness change. Ends with a post-ictal period.
3. ATONIC -or- AKINETIC	Sudden loss of body tone -or- body movement.
4. PETIT MAL	Sudden onset and cessation -or- loss of responsiveness; no post-ictal symptoms.
5. GRAND MAL	Or tonic-clonic seizures. Pre-ictal symptoms may involve focal seizure. Loss of consciousness at onset of seizure with increased muscle tone (rigid flexed and rigid extended postures). Bilateral rhythmic jerks follow and become further apart. Post-ictal period follows.
6. STATUS EPILEPTICUS	Generalized tonic-clonic seizure lasting longer than 30 minutes -or- failure of patient to regain consciousness between a series of seizures.

BREATHING PATTERN	DESCRIPTION
1. TACHYPNEA	Increased frequency of breathing.
2. APNEA	Cessation of respirations.
3. GASPING	Spasmodic respiratory effort, may be regular or irregular.
4. CHEYNE - STROKES	Cycles of gradually increasing tidal volume, followed by gradual decreasing tidal volume.

DESCRIPTIVE TERMS FOR LEVEL OF CONSCIOUSNESS

TERM	DESCRIPTION
1. ALERT	Responds immediately and fully to visual, auditory or tactile stimulation.
2. LETHARGIC	Drowsy, sleeps a lot, but is easily aroused and then responds to visual, auditory or tactile stimulation.
3. OBTUNDED	Can be aroused by stimuli (not painful); will then respond to questions or commands. Remains aroused as long as stimulus is applied. During the arousal, patient responds but may be confused.
4. STUPOROUS	Very hard to arouse. Looks around when stimulated. May obey commands at times. May curse or say "don't" when stimulated.
5. SEMICOMATOSE	Purposeful movements when stimulated. Does not obey commands or answer questions. Does not talk at all.
6. COMA	Decorticate: draws hands up onto chest when stimulated, but not purposely. Decerebrate: extends arms and legs, arches neck and internally rotates hands and arms when stimulated. Unresponsive: no response to any stimuli.

PART OF THE MEDICAL RECORD