## **Neuro Checks Nursing Assessment**

Patient information				
Patient name:	Date of birth:			
Gender:	Date of assessment:			
Room number:	Assessor:			
Chief complaint:				
Are you experiencing any current neurological concerns such as headache, dizziness, weakness, numbness, tingling, tremors, loss of balance, or decreased coordination?				
Have you ever experienced a neurological condition such as a stroke, transient ischemic attack, seizure, or head injury? Please describe.				
Are you currently taking any medications, herbs, or supplements for a neurological condition? Please indicate.				
Have you experienced any difficulty swallowing or speaking?				
Yes No				
Have you experienced any recent falls?				
Yes No				
Mental status				
Responsive Oriented to person, place	ce, and time			
Glasgow Coma Scale score:				
NIH Stroke Scale score:				
Does the person have a sudden loss of balance?				
Yes No				

Has the person lost vision in one or both eyes?					
	Yes	No			
Does	the person	's face look uneven?			
	Yes	No			
ls on	e arm weak	or numb?			
	Yes	No			
Is the	e person's s	speech slurred? Are they havir	g trouble speaking or seem confused?		
	Yes	No			
Time	Time to call for assistance immediately:				
	Yes	No			
Rema	arks:				
Cran	ial nerves (	Assess the functioning of the	patient's cranial nerves)		
Cran	ial nerve		Remarks		
Crani	al nerve I –	Olfactory			
Crani	al nerve II –	Optic			
	al nerve III, lear, abduce	IV, and VI – Oculomotor, ns			
Crani	al nerve V –	- Trigeminal			
Crani	al nerve VII	– Facial nerve			
Crani	al nerve VIII	– Vestibulocochlear			
Crani	al nerve IX -	- Glossopharyngeal			
Crani	al nerve X –	- Vagus			
Crani	al nerve XI -	- Spinal accessory			
Crani	al nerve XII	– Hypoglossal			

Motor strength and function				
Good balance				
Negative Romberg test	Negative Romberg test			
Finger-to-nose, rapid alternating arm moven	nents, and heel-to-shin performance intact			
Motor strength in upper and lower extremitie	es equal bilaterally			
Deep tendon reflexes intact				
Remarks:				
Sensory function				
Test	Remarks			
Dermatome testing				
Stereognosis				
Graphesthesia				
Remarks:				
Debassias abansas				
Behavior changes				
None				
Agitation				
Confusion				
Others (please specify):				
Remarks:				

Critical findings to report immediately and/or obtain emergency assistance:			
Additional notes:			