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, 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			
Is one arm weak or numb?				
Yes	No			
Is the person's speech slurred? Are they having trouble speaking or seem confused?				
Yes	No			
Time to call for assistance immediately:				
Yes	No			
Remarks:				
Cranial nerves (Assess the functioning of the patient's cranial nerves)				
		, patient o orannar nerveo,		
Cranial nerve		Remarks		
Cranial nerve Cranial nerve I -	- Olfactory			
	-			
Cranial nerve I - Cranial nerve II -	– Optic , IV, and VI – Oculomotor,			
Cranial nerve I - Cranial nerve II - Cranial nerve III	– Optic , IV, and VI – Oculomotor, ens			
Cranial nerve I – Cranial nerve II Cranial nerve III trochlear, abduc	– Optic , IV, and VI – Oculomotor, ens – Trigeminal			
Cranial nerve I – Cranial nerve II – Cranial nerve III trochlear, abduc Cranial nerve V Cranial nerve VI	– Optic , IV, and VI – Oculomotor, ens – Trigeminal			
Cranial nerve I – Cranial nerve II Cranial nerve III trochlear, abduc Cranial nerve V Cranial nerve VI	– Optic , IV, and VI – Oculomotor, ens – Trigeminal I – Facial nerve			
Cranial nerve I – Cranial nerve II Cranial nerve III trochlear, abduc Cranial nerve V Cranial nerve VI	 – Optic , IV, and VI – Oculomotor, ens – Trigeminal I – Facial nerve II – Vestibulocochlear – Glossopharyngeal 			
Cranial nerve I – Cranial nerve II – Cranial nerve III trochlear, abduc Cranial nerve V Cranial nerve VI Cranial nerve VI Cranial nerve IX	 – Optic , IV, and VI – Oculomotor, ens – Trigeminal I – Facial nerve II – Vestibulocochlear – Glossopharyngeal 			

Motor strength and function

Good balance

Negative Romberg test

Finger-to-nose, rapid alternating arm movements, and heel-to-shin performance intact

Motor strength in upper and lower extremities equal bilaterally

Deep tendon reflexes intact

Remarks:

Sensory function

Test	Remarks
Dermatome testing	
Stereognosis	
Graphesthesia	

Remarks:

Behavior changes

None

Agitation

Confusion

Others (please specify):

Remarks:

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

Additional notes: