



NEUROLOGICAL ASSESSMENT RECORD: ACUTE CARE

Directions for Use

Legend for abbreviations for use with this document: C = eyes closed by swelling; T = endotracheal or tracheostomy tube; RT = right; LT = left; mm = millimeters; N = normal; SL = sluggish; F = focused; R = regular; I = irregular; Resp. = respirations; SH = shallow; L = labored; CS = cheyne stokes; RA = room air; LPM = liters per minute; NP = nasal prongs; FM = face mask; OXY = oxymask; NRB = non-rebreathe mask; BIL = bilateral; Non Testable = NT

		DATE	06/06/ 2022	06/06/ 2022	
		TIME	0700	0800	
GLASGOW COMA SCALE	EYE OPENING	Spontaneously	4		
		To Sound	3	3	
		To Pressure	2		
		None	1	1	
		Non-Testable	NT		
	VERBAL RESPONSE	2 yrs and older	Less than 2 yrs		
		Oriented	Smiles, babbles	5	
		Confused	Irritable cry	4	
		Words	Cries to pain	3	
		Sounds	Moans to pain	2	
		No Response	No Response	1	1
		Non-Testable	Non-Testable	NT	NT
	MOTOR RESPONSE	Obeys command		6	
		Localizing		5	5
		Withdrawal Normal Flexion		4	4
		Abnormal Flexion		3	
		Extension		2	
		None		1	
Non-Testable			NT		
ADULT GLASGOW COMA SCALE SCORE			15	None	6
PUPILS	Size in mm	SIZE	RT	2	4
	2		LT	2	2
	3	REACTION	RT	N	F
	4		LT	N	SL
	5	PULSE: Rate and Rhythm		85R	
	6	RESPIRATION: Rate & Rhythm		12N	
	7	TEMPERATURE °C		36.6	
BLOOD PRESSURE			112/70		
O ₂ SATURATION %			96		
O ₂ Flow and Device or Room Air (R/A)			RA	3l/NP	
LIMB MOVEMENTS	ARMS	NORMAL POWER			
		MILD WEAKNESS		bil	
		SEVERE WEAKNESS		L	
		LOCALIZES		R	
		FLEXOR WITHDRAWAL			
		EXTENSION			
		NO RESPONSE			
	LEGS	NORMAL POWER			
		MILD WEAKNESS		R	bil
		SEVERE WEAKNESS		L	
		LOCALIZES			
		FLEXOR WITHDRAWAL			
		EXTENSION			
		NO RESPONSES			
INITIALS			JD	JD	

Indication for Use:

- For all patients experiencing or are at risk of developing neurological deficits as a result of injuries or disease processes.
- Neurological assessments may also be referred to as neuro checks or neuro vitals.
- Applicable to pediatric patients as well.
- Do not duplicate charting on other documents.

Directions For use:

- Only listed abbreviations in the legend are approved for use with this form
- Enter Date & time of assessments
- For all adults, use 2 years and older category for Verbal Response
- For pediatrics, use the appropriate Verbal Response Category based on age.

Example #1:
A patient opens eyes briefly when asked questions, is intubated and reaches for your hand weakly with trapezius squeeze. This translates to a score of E3VNTM5 and no total is possible due to non-testable (NT) score for verbal response sub section.

Example #2:
You assess a head injured patient. They make no eye, verbal or motor movements, either spontaneously or in response to your spoken requests; when stimulated with fingertip pressure their eyes do not open, they make no sounds, but their arms flex normally. This translates to scores of E1V1M4 giving a total score of 6

C: Eyes Closed by Swelling
Score= NT

T: Endo-tracheal or tracheostomy tube
Score = NT

Record the best arm Response.

If no movement due to paralysis
Score=NT

Reaction:
N – Normal
SL–Sluggish
F – Fixed

Pulse:
R – Regular
I – Irregular

Resp:
N - Normal
SH- Shallow
L – Labored
I – Irregular
CS - Cheyne Stokes

Record right and left separately if there is a difference between the two sides