CVH-695 **CONNECTICUT VALLEY HOSPITAL** Patient Name: _____
New 5/18 **NEURO ASSESSMENT FLOW SHEET**

☐ Addiction Services Division MPI #: _____ *Print or Addressograph Imprint*
☐ General Psychiatry Division

*Use the key to indicate the score that applies to each assessment.

## *KEY

**Level of Consciousness**

1. Fully Conscious – awake, aware, oriented
2. Lethargic – responds slowly to verbal stimuli
3. Obtund – very drowsy, responds to touch stimuli
4. Stupor – responds only to painful stimuli
5. Coma – absent response to stimuli

**Movement**

1. All 4 extremities
2. Arms only
3. R arm only
4. L arm only
5. R leg only
6. L leg only
7. No movement\ unusual movement

**Hand Grasp**

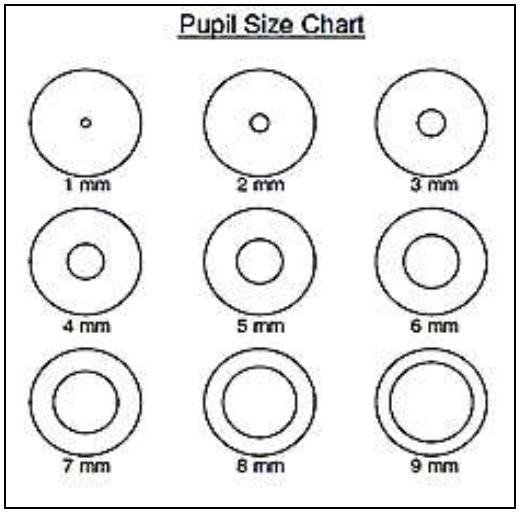
1. Equal and strong, bilaterally
2. R weakness
3. L weakness
4. None

**Speech**

1. Clear
2. Slurred
3. Rambling
4. Aphasic

**Pupil Reaction**

1. Brisk
2. Sluggish
3. Fixed

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| **Date:** | | | | | | | | | | | |
| **Time:** | | | | | | | | | | | |
| **Level of Consciousness:** | | | | | | | | | | | |
| **Movement:** | | | | | | | | | | | |
| **Hand Grasps:** | | | | | | | | | | | |
| **Pupil Size: Rt.** | | | | | | | | | | | |
| **Pupil Size: Lt.** | | | | | | | | | | | |
| **Pupil Reaction: Rt.** | | | | | | | | | | | |
| **Pupil Reaction: Lt.** | | | | | | | | | | | |
| **Speech:** | | | | | | | | | | | |
| ***Total Score:** | | | | | | | | | | | |
| **B/P:** | | | | | | | | | | | |
| **Pulse:** | | | | | | | | | | | |
| **Respiration:** | | | | | | | | | | | |
| **Temperature:** | | | | | | | | | | | |
| **Initials:** | | | | | | | | | | | |

**Vital Signs and Neuro Assessment status post Fall**

| | | | |
|---|---|---|---|
| every | 15 min. | X | (1) hour, then |
| every | 30 min. | X | (1) hour, then |
| every | 1 hour | X | (4) hours, then |
| every | 4 hours | X | (24) hours |

***NOTE:** Progress along this time schedule **ONLY** if all neurological signs are stable*

***Notify Medical Provider immediately of any deviation from patient baseline.**

| Initials | Nurse Signature | Initials | Nurse Signature | Initials | Nurse Signature | Initials | Nurse Signature |
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***File chronologically in the Integrated Progress Notes section***