Neurological Assessment (Neuro)

History

Date _____ Time _____

Injured Person's Name _____

Conduct F-A-S-T (check areas of abnormal findings)

❑ Facial Symmetry ❑ Arms ❑ Speech/Sudden Headache ❑ Time _____

(call EMS if any abnormal findings are present)

Complete S-A-M-P-L-E (note responses in spaces provided)

Signs and **S**ymptoms _____

Allergies _____

Medications _____

Pre-existing conditions _____

Last oral intake (what and time) _____

Events leading up to incident _____

For Divers:

Dives during previous 24 hours:

Last dive: Depth _____ Bottom Time _____ Breathing Gas _____

Surface interval _____

Previous dive: Depth _____ Bottom Time _____ Breathing Gas _____

Surface interval _____

Previous dive: Depth _____ Bottom Time _____ Breathing Gas _____

Surface interval _____

Previous dive: Depth _____ Bottom Time _____ Breathing Gas _____

Surface interval _____

Previous dive: Depth _____ Bottom Time _____ Breathing Gas _____

Unusual features of any dive _____

Diver used: ❑ Computer ❑ Dive Tables ❑ Other

Location of any pain _____

Does movement change level of pain? (check one) ❑ Yes ❑ No

Locate dive buddy (check one) ❑ Yes ❑ No

Notes: (attach dive buddy and/or witness comments) _____

Neurological Assessment (Neuro)

Vital Signs

Time _____ Pulse ____ Resp. _____ 2nd Time _____ Pulse ____ Resp. ____

Mental Function

Orientation (check erroneous answers):

❑ What is your name?

❑ Where are you?

❑ What is the day and time?

❑ Why are you here?

Ability to follow commands: ❑ Yes ❑ No
"Stick out your tongue and close your eyes."

Ability to repeat a simple phrase: ❑ Yes ❑ No
Ex.: "no ifs, ands, or buts"

Name three objects (able to complete): ❑ Yes ❑ No

Abstract reasoning (able to explain relationship): ❑ Yes ❑ No
Ex.: Student/Teacher Pencil/Paper

Calculations: count backward from 100 by 7s (circle misses):
93 86 79 72 65 58 51 44 37 30 23 16 9 2

Memory (able to recall the three items identified earlier): ❑ Yes ❑ No

Cranial Nerves

Eyes (circle any direction unable to look): Left Right Up Down

Facial Symmetry "Close your eyes and smile": ❑ Yes ❑ No

Hearing Symmetrical from about 30 cm (1 foot): ❑ Yes ❑ No

Motor Function

Scale (note in blank next to area): Normal (N) Weak (W) Paralyzed (P)

Upper Body	Shoulders	L ___	R ___	**Lower Body**	Hip Flexors	L ___	R ___
	Biceps	L ___	R ___		Quadriceps	L ___	R ___
	Triceps	L ___	R ___		Hamstrings	L ___	R ___
	Finger spread	L ___	R ___		Foot – up	L ___	R ___
	Grip Strength	L ___	R ___		Foot – down	L ___	R ___

Coordination and Balance

Able to complete:

Finger – Nose – Finger: Eyes open: ❑ Yes ❑ No Eyes closed: ❑ Yes ❑ No

Walk: ❑ Normal ❑ Wobbly ❑ Unable Romberg: ❑ Yes ❑ No

Exam Repeated

Time _____ Comments _____

Time _____ Comments _____