Neurological Checklist (p. 1 of 2)

This checklist should be completed at the following intervals for follow up for all unwitnessed falls or falls in which head is struck. Any change in resident condition requires a phone call to the primary care physician.

- Initial assessment followed by q15 min x 4, q30 min x 2
- Every hour x 2
- Once per shift for 72 hours

Resident name: ______________________ **Room #:** ______________

Physician: ______________________ **Medical record #:** ______________

Description	B*	q15 x 4				q30 x 2		q1 x 2		24 hours			48 hours			72 hours		
Date																		
Time																		

Vital Signs

Assess blood pressure for increase or decrease.
Assess pulse for slowing or widening pulse, then increase rate.
Assess respirations for change in rate, rhythm, pattern, and rate of expiration.

Description	B*	q15 x 4				q30 x 2		q1 x 2		24 hours			48 hours			72 hours		
Blood Pressure																		
Pulse																		
Respirations																		
Orientation																		
Place																		
Person																		
Date/Time																		

Eye Responses: A. Eyelid Movement

4 = Opens eyes spontaneously and purposely
3 = Opens eyes only in response to speech ("Please open your eyes.")
2 = Opens eyes in response to pain (apply blunt pressure with an object such as a pencil to the fingernail where it enters the skin of the finger)
1 = Does not open eyes when painfully stimulated
U = Untestable

Description	B*	q15 x 4				q30 x 2		q1 x 2		24 hours			48 hours			72 hours		
Eye Score																		

***B = Baseline**

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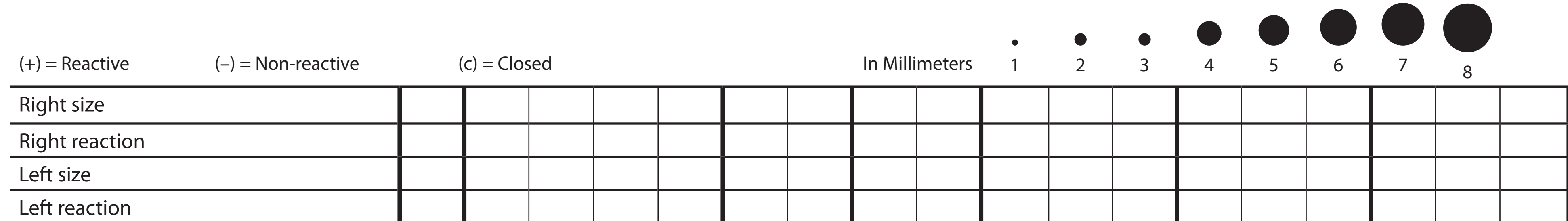
Falls: Neurological Checklist (p. 2 of 2)



Description	B*	q15 x 4				q30 x 2		q1 x 2		24 hours			48 hours			72 hours		
B. Pupil Responses: Assess size, equality, reaction to light, and unilaterally dilated pupils. Some residents will have unequal pupils as their normal.																		
(+) = Reactive (–) = Non-reactive (c) = Closed																		
Right size																		
Right reaction																		
Left size																		
Left reaction																		
Hands, Right/Left: Check if right and left responses are the same.																		
4 = Normal power **3** = Mild weakness **2** = Severe weakness **1** = No response																		
Right hand																		
Left hand																		
Arms, Right/Left: Check if right and left responses are the same. It is necessary to know the resident's baseline ability for arm and leg strength.																		
4 = Normal power **3** = Mild weakness **2** = Severe weakness **1** = No response																		
Right arm																		
Left arm																		
Legs, Right/Left: Check if right and left responses are the same. It is necessary to know the resident's baseline ability for arm and leg strength.																		
4 = Normal power **3** = Mild weakness **2** = Severe weakness **1** = No response																		
Right leg																		
Left leg																		

Notifications: Yes or N/A ***(Document time, name, outcome in Nurse's Notes)***																		
Physician notified if change in status																		
Family notified if change in status																		
Nurse's Initials																		

***B = Baseline**

Document available at www.primaris.org

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