



NEUROLOGIC ASSESSMENT



Simple, indispensable tool for checking the patient's neurologic status quickly.



Used to detect changes in neurologic vital signs that may signify ominous neurologic compromise.

LEVEL OF CONSCIOUSNESS & ORIENTATION

EYE OPENING

- Spontaneous—4
- To verbal command—3
- To pain—2
- No response—1

BEST MOTOR RESPONSE

- Obeys commands—6
- Localizes pain; pushes stimulus away—5
- Flexes and withdraws—4
- Abnormal flexion—3
- Abnormal extension response—2
- No response—1

BEST VERBAL RESPONSE

- Oriented and converses—5
- Disoriented and converses—4
- Uses inappropriate words—3
- Makes incomprehensible sounds—2
- No response—1

PUPILS & EYE MOVEMENT

Brighten the room

Dim the lights

8mm 10mm 12mm 14mm 16mm 18mm 20mm 22mm

Note pupil size & reaction

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Reference:

Lippincott
Procedures
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MOTOR FUNCTION



HAND GRIP



ARM STRENGTH



LEG RESISTANCE

SENSORY FUNCTION



PAIN



LIGHT TOUCH



VIBRATORY SENSE



STEREOGNOSIS



PROPRIOCEPTION