









# NEUROLOGICAL RECORD

**INSTRUCTIONS:** Complete form and record any neurological issues on the reverse. Frequency per facility policy.

DATE																				
TIME																				
VITAL SIGNS	Blood Pressure																			
	Temperature																			
	Pulse																			
	Respirations																			
	Normal																			
	Shallow/Irregular																			
PUPIL RESPONSE	Right Pupil    Size/React																			
	Left Pupil    Size/React																			
	<p>Chart pupil size in comparison to circles printed here. Chart reaction as + (reacts) or - (does not react). Pupil size (mm).</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>2</p>  </div> <div style="text-align: center;"> <p>3</p>  </div> <div style="text-align: center;"> <p>4</p>  </div> <div style="text-align: center;"> <p>5</p>  </div> <div style="text-align: center;"> <p>6</p>  </div> <div style="text-align: center;"> <p>7</p>  </div> <div style="text-align: center;"> <p>8</p>  </div> <div style="text-align: center;"> <p>9</p>  </div> </div> <p style="text-align: center;">Normal</p> <p style="text-align: center;">Record number of pupil size in corresponding boxes above.</p>																			
EYE RESPONSE	Opens Spontaneously																			
	Opens to Speech																			
	Opens to Pain																			
	Does Not Open																			
LEVEL OF CONSCIOUSNESS	Alert																			
	Drowsy																			
	Stuporous																			
	Comatose																			
SPEECH	Speech Oriented																			
	Confused Conversation																			
	Inappropriate Words																			
	Incomprehensible Speech																			
	No Speech																			
MOTOR RESPONSE	Left Upper Extremity																			
	Left Lower Extremity																			
	Right Upper Extremity																			
	Right Lower Extremity																			
	<b>Chart motor function based on the best of the worst</b>		<div style="display: flex; justify-content: space-between;"> <div> <p>1. Appropriately obeys commands and/or moves all extremities</p> <p>2. Localizes signs of weakness, i.e., drifting of extremity</p> </div> <div> <p>3. Withdraws to external stimuli</p> <p>4. Flexes extremity abnormally</p> <p>5. Extends extremity abnormally</p> <p>6. Flaccid - no response of extremity</p> </div> </div>																	
Evaluating Nurse Initials (identify on reverse)																				

NAME-Last                      First                      Middle                      Attending Physician                      Record No.                      Room/Bed

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## COMMENTS

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INITIALS	SIGNATURE	INITIALS	SIGNATURE

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed