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| --- | --- | --- | --- |
|  | | *Type:* |  |
| *Name:* | Neurological Checks | *ID:* |  |

1. SCOPE

All Licensed Staff

1. DEFINITIONS

None

1. SUPPORTING DOCUMENTS *(select one)*



1. PROCEDURE
   1. Neurological checks will be performed by licensed nursing staff on all residents who have a confirmed or suspected head injury and on residents with other conditions where the monitoring neurological status may be warranted. Neurological checks will be documented on the Neurological Check Flow Record. Abnormalities in the neurological checks will be reported to the provider.
   2. Neurological checks will be implemented on the following schedule:
      1. At onset/upon incident
      2. Every 15 minutes for 2 times
      3. Every 30 minutes for 2 times
      4. Every hour for 4 times
      5. Every 4 hours for 24 hours
      6. Every shift for 48 hours
   3. The above schedule may be modified as ordered by the provider.
   4. The neurological check consists of the following steps:
      1. Temperature, pulse, respiration and B/P
      2. Assessment of respiratory pattern
      3. Assessment of pain (location, intensity, and frequency).
      4. Pupil check with flashlight for size, reaction and equality of size.
      5. Level of consciousness: oriented, disoriented, restless, combative, or comatose.
      6. Assessment of speech: clear, rambling, garbled, and non-verbal.
      7. Assessment of responsiveness (in the following sequence):
         1. Responds to name
         2. Responds to a touch on the arm or shaking the shoulder to awaken the resident.
         3. Responds to light pain – gentle pinching the skin.
         4. Responds to deep pain (only for a resident with a markedly decreased level of consciousness (LOC) or unconscious resident). Firm pressure over the nail bed with a hard object, i.e., pen, or firmly pinching the Achilles tendon with the thumbs and index finger.
         5. No response to stimuli.
      8. Motor Response:
         1. To assess arm strength, ask the resident to grasp the nurses’ hand with his/her hands and assess the strength of the hand grasps. Or, ask the resident to push on the nurses’ hands as the nurse applies resistance. Compare the strength of the grasps of the left and right hands.
         2. To assess leg strength, ask the resident to push against the nurses’ hands with both feet while the nurse applies resistance. Assess the strength of both legs. Compare the strength of the left and right leg.
         3. If the resident has no spontaneous movement, note the presence of flexion or extension in the extremities.
      9. With neurological checks, observe for seizure activity, nausea and vomiting and complaints of headache.
   5. Neurological Checks
      1. The Neurological Check Flow Record will be used to document neurological checks for falls. The form will be filed in the “Flow Sheet” section of the resident record.
         1. Complete all entries using the responses provided.
         2. Sign initials on form.
         3. Compare each entry with the previous entries to identify trends in the resident’s neurological status.
      2. All other neurological checks will be documented in the electronic health record.
   6. Provider notification – Notify the provider of any abnormal findings.