

NEUROLOGICAL EXAMINATION (☑ for positive findings)

| | | |
|--|-------------------------------------|---|
| Depressed skull fracture | <input type="checkbox"/> | location: |
| Bulging fontanel | <input type="checkbox"/> | <input type="checkbox"/> fontanel closed |
| Tenderness on palpation | <input type="checkbox"/> | location: |
| Signs of basal skull fracture | <input type="checkbox"/> | |
| Hematoma | <input type="checkbox"/> | location: |
| Laceration | <input type="checkbox"/> | location: |
| Mental status, oriented x 3 : | <input type="checkbox"/> person | <input type="checkbox"/> place <input type="checkbox"/> time |
| Motor: | ☑ for abnormal findings | |
| C-spine clearance | <input type="checkbox"/> | |
| Ocular exam | <input type="checkbox"/> | <input type="checkbox"/> pupils <input type="checkbox"/> fundi |
| Visual tracking | <input type="checkbox"/> | |
| Facial asymmetries | <input type="checkbox"/> | |
| Coordination (finger nose, arm extended, 10 x) | <input type="checkbox"/> | <input type="checkbox"/> dysmetria <input type="checkbox"/> tremor <input type="checkbox"/> slow |
| Strength (grip, major muscle groups) | <input type="checkbox"/> | |
| Sensation (numbness, tingling) | <input type="checkbox"/> | |
| Toe walk/heel lifts | <input type="checkbox"/> | |
| Heel walk | <input type="checkbox"/> | |
| Balance (tandem gait, 10 steps) | <input type="checkbox"/> | |
| Gait | <input type="checkbox"/> | |
| Reflexes: | <input type="checkbox"/> clonus R L | Babinski <input type="checkbox"/> <input type="checkbox"/> R L <input type="checkbox"/> deep tendon R L |
| Other : | | |

Physical systems exam:

PLAN

- Skull and other X-ray: _____ Blood work: _____
- CT Scan: _____ Urinalysis: _____
- Admission:** Patient meets admission criteria; patient admitted to ward _____ Follow-up by Neurotrauma Program as in-patient
(Criteria is available on desktop under "Protocols")
- Neurosurgery consulted; patient to be seen in Emergency Department
- Other consultants (ex: Ortho, Opth, ENT, etc) specify : _____ *NOTE: if an assault case, consult Social Services*
- Discharge package given with explanation**
- Activity restrictions (specified time if needed): _____ *Must be symptom free at rest for 1 week prior to gradual return to physical activity*
- Discharge home, follow-up PRN

Discharge home with out-patient referral to Neurotrauma Program

- Consult placed in "Neurotrauma" envelope by receptionist's desk
- Clinical Coordinator called (ext. 22983) to give information

Diagnosis/Comments: _____

Criteria for referral to Neurotrauma Program

one or more of the following:

- Delayed emergency department visit with a confirmed skull fracture
- Any patient given a Miami-J collar to rule out a neck injury
- Prolonged LOC (> 1 minute) at time of injury
- Multiple concussions (> 2 in the same year) or occurring with less impact forces
- Persistent symptoms with no improvement lasting greater than one week
- Persistent deficits or cognitive impairments
- Elite athlete (> 8 hours/week in a competitive sport)

Physician's Signature: _____ Physician's Name: _____

Physician's license number: _____