**Neurological Flow Sheet**

**Vital Signs and Neuro Checks:**
- q 15 mins.  X (1) hour
- q 30 mins.  X (1) hour
- q 1 hour  X (4) hours, then
- q 4 hours  X (24)hours

(Progress along this time schedule ONLY if signs are stable)

|-------|-------|-------------------------|-----------|-------------|----------------|----------------|---------------------|---------------------|---------|-----|-------|--------------|-------------|---------------------|--------|

**KEY:**

**Level of Consciousness**
1. Fully Conscious - awake, aware, oriented
2. Lethargic - responds slowly to verbal stimuli
3. Obtund - very drowsy, responds to touch stimuli
4. Stupor - responds only to painful stimuli
5. Coma - absent response to stimuli

**Movement**
1. All 4 extremities
2. Arms only
3. R arm only
4. L arm only
5. R leg only
6. L leg only
7. No movement/unusual movement

**Hand Grasp**
1. Equal and strong
2. R weakness
3. L weakness
4. None

**Speech**
1. Clear
2. Slurred
3. Rambling
4. Aphasic

**Pupil Reaction**
1. Brisk
2. Sluggish
3. Fixed

**Pupil Size Chart**

<table>
<thead>
<tr>
<th>Size</th>
<th>1 mm</th>
<th>2 mm</th>
<th>3 mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 mm</td>
<td>5 mm</td>
<td>6 mm</td>
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<tr>
<td>7 mm</td>
<td>8 mm</td>
<td>9 mm</td>
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</tbody>
</table>

Notify MD IMMEDIATELY of signs and symptoms of Intracranial Pressure!!!