Cranial Nerve Nursing Assessment

Patient Name: _____ ID: _____

Date of Birth: _____ dd / mm / yyyy Date of Examination: _____ dd / mm / yyyy

Intro

Tasks:

- [ ] Wash hands
- [ ] Introduce yourself
- [ ] Identity of patient (confirm)
- [ ] Permission
- [ ] Pain
- [ ] Position
- [ ] Privacy
- [ ] Expose head and neck

GENERAL INSPECTION

Tasks:

- [ ] Surroundings
- [ ] Patient

CN I – OLFACTORY

Tasks:

- [ ] Ask about change in taste/smell
- [ ] Formal assessment with smelling bottles

CN II – OPTIC

Acuity:

- [ ] Snellen
- [ ] Alternative – informal testing

Fields:

- [ ] Peripheral fields
- [ ] Left eye
- [ ] Right eye
- [ ] Neglect

Reflexes:

- [ ] Pupil size, shape, symmetry
- [ ] Direct pupillary reflex
- [ ] Consensual pupillary reflex
- [ ] Swinging light test
- [ ] Accommodation reflex

Opthalmoscopy:

- [ ] Dim light
- [ ] Red reflex
- [ ] Optic disc
- [ ] Scan retina including peripheries

CN III, IV, VI – OCULUMOTOR, TROCHLEAR, ABDUCENS

Primary position:

- [ ] Ptosis
- [ ] Nystagmus
- [ ] Strabismus

Other:

- [ ] Inspect eyelids
- [ ] Diplopia
- [ ] Smooth pursuit
- [ ] Saccadic eye movements

CN V – TRIGEMINAL

Sensation – cotton wool test

- [ ] Opthalmic
- [ ] Maxillary
- [ ] Mandibular

Motor:

- [ ] Teeth clench
- [ ] Jaw open

Reflexes

- [ ] Corneal reflex
- [ ] Jaw-jerk

VII – FACIAL

Tasks:

- [ ] Changes to hearing
- [ ] Inspect facial asymmetry

Assess facial movement:

- [ ] Eyebrow raise
- [ ] Scrunch up eyes
- [ ] Puff out cheeks
- [ ] Show teeth

VIII – VESTIBULOCOCHLEAR

Tasks:

- [ ] Gross hearing assessment

Formal assessment:

- [ ] Rinne test
- [ ] Weber's test
- [ ] Otoscopy

IX, X – GLOSSOPHARYNGEAL, VAGUS

Tasks:

- [ ] Assess speech quality
- [ ] Ask patient to cough
- [ ] Palatar symmetry
- [ ] Uvular deviation
- [ ] Gag reflex

XI – SPINAL ACCESSORY

Tasks:

- [ ] Shrug test against resistance (trapezius muscle)
- [ ] Head turn against resistance (sternocleidomastoid)

XII – HYPOGLOSSAL

Tasks:

- [ ] Tongue inspection
- [ ] Power of tongue against cheek

CLOSURE

Tasks:

- [ ] Thank patient
- [ ] Dispose of PPE
- [ ] Wash hands

Summary of Findings:

Next Steps:

Notes:

Clinician Name: _____ **Date:** _____ dd / mm / yyyy