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Neurological examination checklist pdf

MAJOR EXOTOXINS

	Organism (Strain)	Toxin	Mechanism of Action	Role in Disease
Protein synthesis inhibitors	<i>Clostridium botulinum</i> (1)	Diphtheria toxin	ADP ribosyl transferase inactivates eEF-2 Targets heart, nerves, epithelium	Inhibits eukaryotic cell protein synthesis
	<i>Pseudomonas aeruginosa</i> (1)	Exfoliatin A	ADP ribosyl transferase inactivates eEF-2 Target liver	Inhibits eukaryotic cell protein synthesis
	<i>Shiga toxin</i> (1)	Shiga toxin	Interferes with 60S ribosomal subunit	Inhibits protein synthesis in eukaryotic cells Exotoxin, cytotoxic, and neurotoxic
	<i>Enterohemorrhagic E. coli (EHEC) (1)</i>	Verotoxin (shiga toxin)	Interferes with 60S ribosomal subunit	Inhibits protein synthesis in eukaryotic cells
Neurotoxins	<i>Clostridium botulinum</i> (2)	Tetanus toxin	Blocks release of glycine and GABA	Inhibits neurotransmission at inhibitory synapses
	<i>Clostridium botulinum</i> (2)	Botulinum toxin	Blocks release of acetylcholine	Inhibits cholinergic synapses
Superantigens	<i>Staphylococcus aureus</i> (1)	TSST-1	Increases IL-1, IL-4, TNF- α , IFN- γ Decreases liver clearance of LPS	Fever, increased susceptibility to LPS, rash, shock, capillary leakage
	<i>Streptococcus pyogenes</i> (1)	Exfoliatin A, also called erythrogenic or pyrogenic toxin	Similar to TSST-1	Fever, increased susceptibility to LPS, rash, shock, capillary leakage, exfoliation
cAMP inducers	Enterotoxigenic <i>Escherichia coli</i> (1)	Heat labile toxin (LT)	LT stimulates an adenylate cyclase by ADP-ribosylation of GTP-binding protein	Both LT and ST promote secretion of fluid and electrolytes from intestinal epithelium
	<i>Vibrio cholerae</i> (1)	Cholera toxin	Similar to E. coli LT	Profuse, watery diarrhea
	<i>Staphylococcus aureus</i> (1)	Enterotoxin (E) proteins (enterotoxin 2 toxin)	EF = edema factor = adenylate cyclase LF = lethal factor PA = protective antigen (E component for both)	Decreases phagocytosis Causes edema, kills cells
	<i>Stenotrophomonas maltophilia</i> (1)	Perfringin toxin	ADP-ribosylates G, the negative regulator of adenylate cyclase, leading to increased cAMP	Wetness, exfoliation Lymphocytosis Granulocytosis (leukocytosis) Septic activation
Cytolytic	<i>Clostridium perfringens</i> (1)	Alpha toxin	Leucithinase	Destroys cell membranes Myonecrosis
	<i>Staphylococcus aureus</i> (1)	Alpha toxin	Pore former	Myonecrosis, bull's eye

NEUROLOGICAL EXAMINATION CHECKLIST FOR FERRETS

- HISTORY**
 - When did the owner first notice the pet was not feeling well?
 - What was the first sign? The next sign?
 - Over what time period did they progress?
 - Were any treatments administered? What was the result?
 - How long has the pet been in the current condition?
- MENTATION**
 - Alert
 - Dull — Quiet, but alert and responsive
 - Obtunded — Aware but not interested in the environment; only responds when stimulated
 - Stupor — Only responds to noxious stimulus
 - Comatose — Unresponsive even to noxious stimulus
- POSTURE AND GAIT/DESCRIPTION** (Ambulatory, ataxic, paresis, what limbs affected?)

General: _____

Forelimbs: _____

Hindlimbs: _____
- CRANIAL NERVE EXAMINATION/DESCRIPTION** (Normal or abnormal, describe if abnormal)

Facial symmetry: _____

Facial sensation: _____

Facial expression: _____

Palpebral reflex: R _____ L _____

Ocular position: R _____ L _____

Ocular nystagmus (physiological present): Y _____ N _____

Ocular nystagmus (pathological, direction of fast phase): _____

M menace response: R _____ L _____

PLR (+ or -): Direct: R _____ L _____

Conensual: R _____ L _____

Gag reflex: _____
- PROPRIOCEPTION** — scale: 0 (absent), 1 (decreased), 2 (normal)

Conscious proprioception (paw placement): RF _____ RH _____ LF _____ LH _____

Table top testing: RF _____ RH _____ LF _____ LH _____

(Placement of limbs when brought to table edge)

Hopping: RF _____ RH _____ LF _____ LH _____

Wheelbarrow: _____
- SPINAL REFLEXES** — scale: 0 (absent), 1 (decreased), 2 (normal), 3 (increased), 4 (clonus)

Withdrawal: RF _____ RH _____ LF _____ LH _____

Patellar: RF _____ RH _____ LF _____ LH _____
- SENSORY EVALUATION**

Sensation to all feet intact: Y _____ N _____

Any pain on spinal palpation? Y _____ N _____

Normal range of motion in the neck? Y _____ N _____

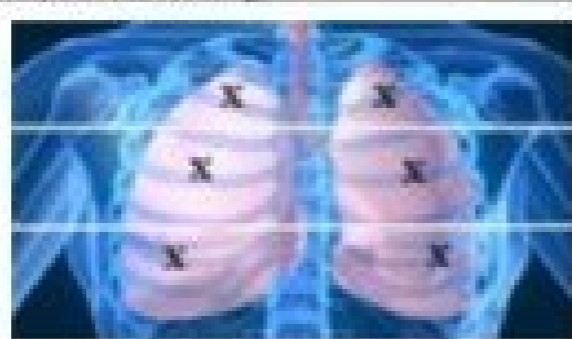
An Easy Guide to Head to Toe Assessment

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Neurological Assessment			
Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time			
Communication/Speech: <input type="checkbox"/> WNL <input type="checkbox"/> Non-verbal <input type="checkbox"/> Dysarthria <input type="checkbox"/> Aphasia <input type="checkbox"/> Expressive <input type="checkbox"/> Receptive <input type="checkbox"/> Global			
Pupils: <input type="checkbox"/> PERRLA OR			
Equal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> R larger <input type="checkbox"/> L larger Round: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> R abnormal shape <input type="checkbox"/> L abnormal shape			
Reactive to Light: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accommodation: <input type="checkbox"/> R <input type="checkbox"/> L (hold finger 4" above nose, bring closer to face, do both eye maintain focus?)			
Glasgow Coma Scale (Score range: 15,昏迷 3)			
Eye opening to:	<input type="checkbox"/> Spontaneous = 4	<input type="checkbox"/> Verbal command = 3	<input type="checkbox"/> Pain = 2
Verbal response to:	<input type="checkbox"/> Oriented, converses = 5	<input type="checkbox"/> Disoriented, converses = 4	<input type="checkbox"/> Uses inappropriate words = 3
Motor response to:	<input type="checkbox"/> Obeys commands = 6	<input type="checkbox"/> Localized pain = 5	<input type="checkbox"/> Flexion and withdrawal = 4
	<input type="checkbox"/> Flexion abnormally (decorticate) = 3	<input type="checkbox"/> Extension abnormally (decerebrate) = 2	<input type="checkbox"/> No response = 1
	<input type="checkbox"/> No response = 1		
Location	Muscle Tone	Muscle Strength	Sensation
Head/Neck	<input type="checkbox"/> WNL <input type="checkbox"/> Flaccid <input type="checkbox"/> Spastic		<input type="checkbox"/> WNL <input type="checkbox"/> To pain <input type="checkbox"/> No response
R hand	<input type="checkbox"/> WNL <input type="checkbox"/> Flaccid <input type="checkbox"/> Spastic		<input type="checkbox"/> No <input type="checkbox"/> Present
L hand	<input type="checkbox"/> WNL <input type="checkbox"/> Flaccid <input type="checkbox"/> Spastic		
R UE	<input type="checkbox"/> WNL <input type="checkbox"/> Flaccid <input type="checkbox"/> Spastic		
L UE	<input type="checkbox"/> WNL <input type="checkbox"/> Flaccid <input type="checkbox"/> Spastic		
R LE	<input type="checkbox"/> WNL <input type="checkbox"/> Flaccid <input type="checkbox"/> Spastic		
L LE	<input type="checkbox"/> WNL <input type="checkbox"/> Flaccid <input type="checkbox"/> Spastic		
Muscle Strength: 5 = WNL, 4 = 75% normal, 3 = 50% normal, 2 = 25% normal, 1 = 10% normal, 0 = complete paralysis			



Respiratory Assessment			
Pulse ox: <input type="checkbox"/> WNL (95-100%) <input type="checkbox"/> WNL for this patient at _____			
Cough: <input type="checkbox"/> None <input type="checkbox"/> Non-productive, dry <input type="checkbox"/> Productive <input type="checkbox"/> Productive sounding, no sputum			
Sputum: <input type="checkbox"/> None <input type="checkbox"/> Consistency: <input type="checkbox"/> Thick <input type="checkbox"/> Thin <input type="checkbox"/> Foamy <input type="checkbox"/> Color: <input type="checkbox"/> White <input type="checkbox"/> Other, _____			
Oxygen: <input type="checkbox"/> N/A Room air <input type="checkbox"/> _____ liters/ nasal cannula <input type="checkbox"/> _____ % per face mask <input type="checkbox"/> Mechanical ventilator			
Respiratory rate: <input type="checkbox"/> WNL <input type="checkbox"/> Tachypneic/ hyperventilation (too fast) <input type="checkbox"/> Bradypneic/ hypoventilation (too slow/shallow)			
Respiratory effort: <input type="checkbox"/> Relaxed and regular <input type="checkbox"/> Pursed lip breathing <input type="checkbox"/> Paradoxical respiration <input type="checkbox"/> Labored			
<input type="checkbox"/> Dyspnea at rest <input type="checkbox"/> Dyspnea with minimal effort, talking, eating, repositioning in bed, etc.			
<input type="checkbox"/> Dyspnea with moderate exertion, (e.g. walking ~20 feet, etc.) <input type="checkbox"/> Dyspnea when walking _____ feet or with exertion			
Recovery time following dyspneic episode: _____ minutes			
Respiratory rhythm: <input type="checkbox"/> WNL <input type="checkbox"/> Regular, tachypneic <input type="checkbox"/> Regular, bradypneic <input type="checkbox"/> Regular with periods of apnea			
<input type="checkbox"/> Regular pattern of increasing rate and depth, followed by decreasing rate and depth, followed by apnea (Cheyne-Stokes)			
<input type="checkbox"/> Regular, abnormal, rapid and deep respiration (central neurogenic hyperventilation)			
<input type="checkbox"/> Regular, abnormal, pattern of inspiration with a pause or sigh with periods of apnea (apneustic)			
<input type="checkbox"/> Irregularly irregular pattern/ depth (ataxic) <input type="checkbox"/> Irregular with periods of apnea (biot's breathing)			
Heard sounds (auscultate anterior & posterior, R & L upper, mid, low or chest):			
<input type="checkbox"/> Clear (or similar) throughout			
<input type="checkbox"/> Decreased (atelectasis?)			
<input type="checkbox"/> Crackles: <input type="checkbox"/> Fine (sounds like hair rubbing) <input type="checkbox"/> Coarse/ moist			
<input type="checkbox"/> Crackles/ rhales (low pitched, moaning, snoring sounds)			
<input type="checkbox"/> Wheezes: <input type="checkbox"/> Inspiratory <input type="checkbox"/> Expiratory			
<input type="checkbox"/> Friction rub (sounds like leather rubbing against leather)			
<input type="checkbox"/> Absent (pneumothorax?)			
Upper chest:	Right _____	Left _____	
Mid chest:	Right _____	Left _____	
Lower chest:	Right _____	Left _____	



NEUROLOGICAL EXAMINATION CHECKLIST

(Sheet 1 of 2)

(See text of Appendix SA for examination procedures and definitions of terms.)

Patient's Name: _____ Date/Time: _____
Describe pain/numbness: _____

HISTORY

Type of dive last performed: _____ Depth: _____ How long: _____
Number of dives in last 24 hours: _____
Was symptom noticed before, during or after the dive? _____
If during, was it while descending, on the bottom or ascending? _____
Has symptom increased or decreased since it was first noticed? _____
Have any other symptoms occurred since the first one was noticed? _____
Describe: _____
Has patient ever had a similar symptom before? _____ When: _____
Has patient ever had decompression sickness or an air embolism before? _____ When: _____

MENTAL STATUS/STATE OF CONSCIOUSNESS

COORDINATION

Walk: _____
Heel-to-Toe: _____
Romberg: _____
Finger-to-Nose: _____
Heel Shin Slide: _____
Rapid Movement: _____

STRENGTH (Grade 0 to 5)

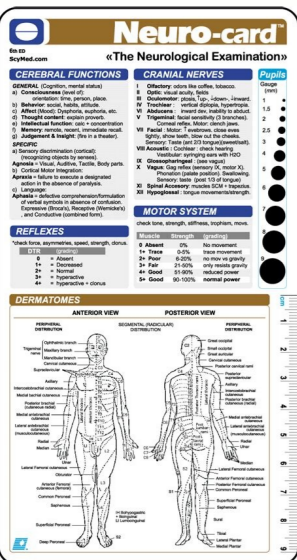
Upper Body
Deltoids L _____ R _____
Latissimus L _____ R _____
Biceps L _____ R _____
Triceps L _____ R _____
Forearms L _____ R _____
Hands L _____ R _____

CRANIAL NERVES

Sense of Smell (I): _____
Vision/Visual Field (II): _____
Eye Movements, Pupils (III, IV, VI): _____
Facial Sensation, Chewing (V): _____
Facial Expression Muscles (VII): _____
Hearing (VIII): _____
Upper Mouth, Throat Sensation (IX): _____
Gag & Voice (X): _____
Shoulder Strap (XI): _____
Tongue (XII): _____

Lower Body

Hips
Flexion L _____ R _____
Extension L _____ R _____
Abduction L _____ R _____
Adduction L _____ R _____
Knees
Flexion L _____ R _____
Extension L _____ R _____



Neurological examination checklist geeky medics. Neurological examination neuro assessment checklist. Neurological examination checklist osce. Neurological examination checklist pdf. Pediatric neurological examination checklist. Printable neurological examination checklist.

The simplest way to report the various results of a neurological exam is Normal or Abnormal. These are to check if the function of the cranial nerve is intact. This baseline can help determine if the patient's symptoms worsen, decrease, or remain the same. It gives you information to help you perform a quick neurological exam if you suspect someone may be suffering from the curves (decompression disease), air embolism, or other major problems after diving. Motor/Resistance and Sensory If there is a lesion in the spinal cord, the Motor/Resistance and Sensory Examination can be used to determine where the lesion is. This page is designed for the average diver (non-medical professional). This physical exam does not require any physical training and can be done by anyone (the simplest way to report the various results of a neurological exam is "normal" or "abnormal"). This neurological examination, when performed on a person with a history of diving, is used to determine the presence or absence of symptoms of decompression disease and/or embolism involving the central nervous system. Remember that it is essential that you activate local Emergency Services as soon as signs and symptoms are detected. When muscle strength is tested, if the muscle feels weak it can be reported as abnormal. Before performing the neurological exam, make sure the diver is conscious and stable (and is breathing if available). Rapid Neurologic Exam Video Image Source: The Why Files The above video shows a way to perform an initial neurological exam. In some cases, the initial neurological symptoms disappear when the patient arrives at a treatment center and the only indication of neurological dysfunction may be lameness. Lameness is a 5/5 to a 0/0 ed. alacse etneiusg al se ralucsum azzeuf al ramrofni arap oteipmoc sAm odotAm nU. laicini odipAr ocigAloruen nemaxe etse ed saton oluclAC sotejbo sol edreuer euq etneicap la ridep nemaxe le ne edrat sAm sotejbo sert y edreuer euq etneicap la ridep - airomeM odneicah odatsa nah euq ol ,se aAd / ahcef @Aug_njAtse ednAd ,dade al .nos sen@Aug_ebas etneicap IEJA - nAicatneiO etnemadauceda esracinmoc ed zapac y odnasap jAtse euq ol ed etneiscnoc res ecerap etneicap IEJA - ssentrelA :latnem odatsE nAicacifrev ed atsil. odipAr ocigAloruen nemaxeE piz. orueN .ne lodimirpmoc ovihcra nu omoc xoB porD ed roiretna oediv le ragressed edeup detS U. oediv etse ricudorp arap odireuer ozroufse le y omeit led nAicanod al rop oediv daehremmah y ykrsarB evetS a recedarga aAratsug soN .otneimiconocer ne rartnocne nedeup es sociGAloruen senemjAxe erbos selairotut y nAicamrofni sAm augneL al ed otnemivoM / lasoloppiH - AIIX olleuc y orbmoh ed otnemivoM / anmuloc ed oiroseccA - AIX acaAdrac aicneuerF - nAiculged / sugaV - A A X nAiculged / oegnArafosolG - XI ecnalaB - ovitiduA / ocitsAcA - IIIV senoiserpxE - laicaF / laicaF rotoM - AIIV ralucO otnemivoM / sortseuceS - A AIIV laicaF nAicasneS / lanimegirT - A A A V ralucO otnemivoM / raelcorT - VI alipup ed oAmat y ralucO otnemivoM / rotomolucO - AIII nAisIV / acitpA - A AI rolo / avitafO - A A AI :selaenarc soivren ecod sol abeurp nemaxe IE .soidAm sol y aicnegreme ed ocidAm lanosrep le rop sodazilaer seroiresop sociGAloruen senemjAxe sol noc rarapmoc nedeup es euq jsozgallah on of sociGAloruen sogzallah sol ed esab ed aenAl anu ranoicroporp edeup nemaxe etsE .etneicap led azebac al a sabeurp sahcum azilaer ocigAloruen nemaxe IE selaenarc soivreN tenretnI ne acinAlc aAgoloisforueN :negami al ed etneuF ralucsum nAicartnoc ed ongis niS - 5/0 etneserp ralucsum nAicartnoc ed azart o oedaprap orep esrevom ed zapacnI - 5/1)davevarg al a ralucidneprep(adanimile dadevarg al noc esrevom ed zapac - 5/2 aicnetsiser al artnoc on orep ,davevarg al artnoc esrevom ed zapac - 5/3 aicnetsiser al artnoc dadilibeD - - Having a patient count of 100 for seven Cranial Nerves: Eyes - You can see the patient, his is not normal, is normal eye movement normal - Can the patient listen alike in both ears, he is listening to a normal smell? Can the smell of the patient (cafe, mint, etc.) Facial muscles? Would you buy the gag reflection? &

do watirobo

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