1.   NEURO STATUS ASSESSMENT AND USE OF THE NEURO STATUS FORM:

1.1_   Any time an individual has an injury to the head or <u>suspected </u>injury to the head, they will receive professional medical attention.   Many times when a person sustains a head injury there are no immediate signs or symptoms of internal injury.   <u>An internal head injury can be slow to develop, but can be deadly.</u>   After the individual has received medical attention there will generally be instructions for after-care provided. Those instructions are to be followed in conjunction with this assessment form.   If there is a conflict, follow the doctors orders and call your supervisor or the on-call supervisor/manager.

1.2   After care may include instructions from the physician to provide an assessment very carefully over the next 24 hours to see if any signs/symptoms occur.

In the event the physician requests on-going assessment, the following areas, as noted on the Neuro Status Form will be checked:

Time: Put the exact time that the check was done and not when it was supposed to be done.   The exact time is important.

Pupils: Pupils are normally equal in size and constrict to light equally. This is what is meant by PERL – pupils equal and reactive to light. When someone has a serious head trauma the right and left pupils will not always be equal in size, nor will they react equally to light. Sometimes the pupil will be sluggish in reacting – sometimes it won't react at all.   This must be checked in a fairly dark room by using a flashlight.   If there is a "non" normal response, double check your results, if they are still unequal or unresponsive, <u>call 911</u> then call the supervisor or on call supervisor/manager immediately.

Orientation: People can become disoriented if they have a head injury. Ask the person if they know who they are, where they are, where he/she and/or the day, time or month.   If they do not know, and they normally would know, call the supervisor or on call supervisor/manager immediately. If there are substantial changes, <u>call 911</u> first. If the person historically is unable to answer such questions skip this assessment step.

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Mobility/Strength: Sometimes a change in condition is indicated by changes in strength and coordination.   Ask the person to "squeeze" your hand using each hand separately, to assess if there is a difference in strength from one side to the other.   Watch the person walk to determine if there is a change in their strength, gait and balance. If any changes are noted or if the person complains of being dizzy, contact the supervisor or on-call supervisor/manager.   If there are any substantial changes, call 911 first.

Pain: Pain can be an indicator of further problems after a head injury. Check for any changes in intensity.   If there is a significant change in the level of pain or discomfort, contact the supervisor or on-call supervisor/manager.

Bleeding from the Ear: If a person begins to bleed from either ear after a head injury and they did not cut or bruise the ear during the initial injury, call 911 immediately then contact the supervisor or on-call supervisor/manager.

Sudden Uncontrollable Vomiting: If a person begins to vomit after sustaining head trauma, call 911 immediately then contact the supervisor or on-call supervisor/manager.

Convulsion: If the individual does not have a seizure disorder and they have a seizure, call 911 immediately then contact the supervisor or on-call supervisor/manager.

1.3   These are guidelines.   If for any reason, staff are not comfortable or have concerns with what is occurring with the person, the supervisor or on-call supervisor/manager should be contacted.

1.4   The supervisor or on call supervisor/manager will be responsible for coordinating with the RN and QIDP in ICF-ID/H programs.

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