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#### **NEUROLOGICAL ASSESSMENT FLOW SHEET**

NEUROLOGICAL ASSESSMENT FLOW SHEET INSTRUCTIONS: Document The Date And Time Of Each Assessment, Then Proceed As Follows: LEVEL OF CONSCIOUSNESS- Check ( ) The Appropriate Response\*. PUPIL RESPONSE- Check ( ) PERL\* If Applicable Or Enter The Appropriate Code\* For Each Eye. MOTOR FUNCTIONS-HAND GRASP Feb 2th, 2024

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- 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) K E Y: Level Of Conciousness 1. Fully Concious - Awake, Aware, Oriented 2. Lethargic - Responds Slowly To Verbal Stim Apr 10th, 2024

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