ADMINISTRATIVE POLICY

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

1.1 Any time an individual has an injury to the head or suspected 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. An internal head injury can be slow to develop, but can be deadly. 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, call 911 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, call 911 first. If the person historically is unable to answer such questions skip this assessment step.

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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