

NEUROLOGICAL ASSESSMENT CHECKLIST

Page 1 - Quick reference | For education and simulation

1

Initial observations

Assess responsiveness, orientation, speech and behaviour.
Note any change from baseline.
Prompt: Alert? Confused? New neurological symptoms?

2

Consciousness: AVPU / GCS

Assess AVPU; use GCS when indicated and within scope.
Prompt: Record component scores and trends, not only total.

3

Pupils: PERRLA

Check size, equality, shape and reaction to light.
Prompt: Are pupils equal and reactive? Report changes.

4

Motor and sensory function

Compare limb movement, strength and sensation bilaterally.
Prompt: Any weakness, asymmetry, numbness or drift?

5

Document and escalate

Record findings, time and baseline; report acute changes promptly.
Prompt: Reassess as directed; follow local escalation policy.

Use local neurological observation charts and escalation protocols.

NEUROLOGICAL ASSESSMENT CHECKLIST

Page 2 - Practice worksheet | Simulation cases only

Simulation scenario: _____

Date: _____

1 - Initial observations

Responsiveness, orientation, speech, behaviour

2 - Consciousness

AVPU / GCS (E ____ V ____ M ____ Total ____)

3 - Pupils

Right / left : size, equality and light response

4 - Motor and sensation

Limb strength, symmetry, sensation and drift

5 - Documentation / escalation

Findings, time, changes and actions taken

Use fictional simulation data only; do not enter real patient identifiers.

NEUROLOGICAL ASSESSMENT CHECKLIST

Page 3 - Assessment checklist and safety reminders

NEUROLOGICAL ASSESSMENT CHECKLIST

- ☐ Have I introduced myself and confirmed patient identity?
- ☐ Have I checked responsiveness, orientation and speech?
- ☐ Have I assessed AVPU or GCS as appropriate?
- ☐ Have I documented GCS components if GCS was performed?
- ☐ Have I assessed pupil size, equality and light reaction?
- ☐ Have I compared strength and movement in all limbs?
- ☐ Have I checked sensation and noted any asymmetry?
- ☐ Have I compared findings with baseline and prior observations?
- ☐ Have I documented findings and escalated acute changes?

SAFETY REMINDERS

Follow local assessment, observation and documentation procedures.

Escalate sudden changes in consciousness, weakness or pupils immediately.

Educational use only

This resource supports student learning and simulated neurological assessment. It is not an approved clinical chart and does not replace supervision or clinical judgement. Do not record identifiable patient information. Follow current local policies and your supervising clinician's directions.