



Queensland Government

Queensland Health

Affix patient label here

Family Name _____ URN _____

Given Names _____

Date of Birth _____ Sex: M F

NEUROLOGICAL OBSERVATION SHEET

Date: ___ / ___ / ___ Time

COMA SCALE table with columns for Eyes open, Best verbal response, Best motor response and corresponding scores.

Pupil Scale and Respiration table with columns for Pupil Scale (1-7), Blood pressure & Pulse rate (210-40), and Temperature (42-33). Includes a legend for PUPILS.

PUPILS table with columns for Right and Left eye, Size and Reaction, and Legend for Reacts, No reaction, Eye closed.

LIMB MOVEMENT table with columns for Arms and Legs, and categories: Normal power, Mild weakness, Severe weakness, Spastic flexion, Extension, No response.

NEUROLOGICAL OBSERVATION SHEET

