

Cranial Nerve Examination Checklist

Patient Name:	
ID:	
Date of Birth:	
Date of Examination:	
Section of Examination	Tasks:
Intro	<input type="checkbox"/> Wash hands <input type="checkbox"/> Introduce yourself <input type="checkbox"/> Identity of patient (confirm) <input type="checkbox"/> Permission <input type="checkbox"/> Pain <input type="checkbox"/> Position <input type="checkbox"/> Privacy <input type="checkbox"/> Expose head and neck
General Inspection	<input type="checkbox"/> Surroundings <input type="checkbox"/> Patient
CN I – Olfactory	<input type="checkbox"/> Ask about change in taste/smell <input type="checkbox"/> Formal assessment with smelling bottles
CN II – Optic	<u>Acuity</u> <input type="checkbox"/> Snellen <input type="checkbox"/> Alternative – informal testing <u>Fields</u> <input type="checkbox"/> Peripheral fields <input type="checkbox"/> Left eye <input type="checkbox"/> Right eye <input type="checkbox"/> Neglect

Reflexes

- Pupil size, shape, symmetry
- Direct pupillary reflex
- Consensual pupillary reflex
- Swinging light test
- Accommodation reflex

Ophthalmoscopy

- Dim light
- Red reflex
- Optic disc
- Scan retina including peripheries

**CN III, IV, VI –
Oculomotor, trochlear,
abducens**

- Primary position
 - Ptosis
 - Nystagmus
 - Strabismus
- Inspect eyelids
- Diplopia
- Smooth pursuit
- Saccadic eye movements
- Assess for strabismus

CN V – Trigeminal**Sensation – cotton wool test**

- Ophthalmic
- Maxillary
- Mandibular

Motor

- Teeth clench
- Jaw open

Reflexes

- Corneal reflex
- Jaw-jerk

VII – Facial	<ul style="list-style-type: none"><input type="checkbox"/> Changes to hearing<input type="checkbox"/> Inspect facial asymmetry <p><u>Assess facial movement</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Eyebrow raise<input type="checkbox"/> Scrunch up eyes<input type="checkbox"/> Puff out cheeks<input type="checkbox"/> Show teeth
VIII – Vestibulocochlear	<ul style="list-style-type: none"><input type="checkbox"/> Gross hearing assessment <p><u>Formal assessment</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Rinne test<input type="checkbox"/> Weber's test<input type="checkbox"/> Otoscopy<input type="checkbox"/> Audiometry
IX, X – Glossopharyngeal, vagus	<ul style="list-style-type: none"><input type="checkbox"/> Assess speech quality<input type="checkbox"/> Ask patient to cough<input type="checkbox"/> Palatar symmetry<input type="checkbox"/> Uvular deviation<input type="checkbox"/> Gag reflex
XI – Spinal accessory	<ul style="list-style-type: none"><input type="checkbox"/> Shrug test against resistance (trapezius muscle)<input type="checkbox"/> Head turn against resistance (sternocleidomastoid)
XII – Hypoglossal	<ul style="list-style-type: none"><input type="checkbox"/> Tongue inspection<input type="checkbox"/> Power of tongue against cheek
Closure	<ul style="list-style-type: none"><input type="checkbox"/> Thank patient<input type="checkbox"/> Dispose of PPE<input type="checkbox"/> Wash hands

Summary of Findings**Next Steps****Notes****Clinician Name:****Date:**