

# Cranial Nerve Examination Checklist

<b>Patient Name:</b>	
<b>ID:</b>	
<b>Date of Birth:</b>	
<b>Date of Examination:</b>	
<b>Section of Examination</b>	<b>Tasks:</b>
<b>Intro</b>	<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
<b>General Inspection</b>	<input type="checkbox"/> Surroundings <input type="checkbox"/> Patient
<b>CN I – Olfactory</b>	<input type="checkbox"/> Ask about change in taste/smell <input type="checkbox"/> Formal assessment with smelling bottles
<b>CN II – Optic</b>	<b><u>Acuity</u></b> <input type="checkbox"/> Snellen <input type="checkbox"/> Alternative – informal testing <b><u>Fields</u></b> <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

<b>VII – Facial</b>	<input type="checkbox"/> Changes to hearing <input type="checkbox"/> Inspect facial asymmetry <b><u>Assess facial movement</u></b> <input type="checkbox"/> Eyebrow raise <input type="checkbox"/> Scrunch up eyes <input type="checkbox"/> Puff out cheeks <input type="checkbox"/> Show teeth
<b>VIII – Vestibulocochlear</b>	<input type="checkbox"/> Gross hearing assessment <b><u>Formal assessment</u></b> <input type="checkbox"/> Rinne test <input type="checkbox"/> Weber's test <input type="checkbox"/> Otoscopy <input type="checkbox"/> Audiometry
<b>IX, X – Glossopharyngeal, vagus</b>	<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
<b>XI – Spinal accessory</b>	<input type="checkbox"/> Shrug test against resistance (trapezius muscle) <input type="checkbox"/> Head turn against resistance (sternocleidomastoid)
<b>XII – Hypoglossal</b>	<input type="checkbox"/> Tongue inspection <input type="checkbox"/> Power of tongue against cheek
<b>Closure</b>	<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:**