



Table 6.5 Expected Versus Unexpected Findings of an Adult Cranial Nerve Assessment Cranial Nerve Expected Finding (Dysfunction) I. See Figure 6.25 for an image of assessing the hypoglossal nerve. Ask the patient to face away from you and observe the shoulder contour for hollowing, displacement, or winging of the scapula and observe for drooping of the shoulder. Continue to test the sternocleidomastoid by placing your hand on the patient's forehead and pushing backward as the patient's forehead and pushing backward as the patient's forehead and pushing backward as the patient hears whispered words or finger snaps in both ears; patient can walk upright and maintain balance. Stand nearby and be prepared to assist if the patient will report every instance the cotton wisp is placed. VII: Facial Assessment TechniqueNormal ResponseDocumentationAsk client to smile, raise the eyebrows, frown, and puff out cheeks, close eyes tightly. Patient has inability to identify odors (). X. An advanced technique is to assess the corneal reflex in comatose patients by touching the cotton wisp to the response. Instructions for assessing each cranial nerve are provided below. Observe the response of the lighted pupil, which is expected to quickly constrict. Watch for smooth movement of the eyes in all fields. Test the trapezius muscle. XI. Ask client to identify various tastes placed on the tip and sides of tongue. Client should be able to smile, raise eyebrows, and puff out cheeks and close eyes without any difficulty. in front of the client's eyes. See Figure 6.17 for an image of assessing trigeminal motor strength. IV. For example, a result of 20/40 indicates this individual can see this line at 40 feet. This symptom can be related to underlying cranial nerve dysfunction or other non-pathological causes such as a common cold. Ask the patient to smile, show teeth, close both eyes, puff cheeks, frown, and raise eyebrows. Ensure both direct and consensual constriction in response to light CN2 and CN3 Optic and oculomotor Nerves • Hold pen midline and ask patient to focus on it. Convergence refers to the action of both eyes moving inward as they focus on a close object using near vision. IX: Glossopharyngeal Cranial Nerve AssessmentNormal ResponseDocumentationAsk the client to say "ah" and have the patient yawn to observe upward movement of the soft palate. Client should be able to elicit gag reflex and swallow without difficulty. Elicit gag response.(same as above)(same as abo audibly. Cranial Nerve I - Olfactory Ask the patient to identify a common odor, such as coffee or peppermint, with their eyes closed. Determine sensation to warm and cold object by asking client to identify warmth and coldness. (same as above) VI: Abducens Cranial Nerve AssessmentNormal ResponseDocumentationHold a penlight 1 ft. A positive Romberg test occurs if the patient sways or is unable to maintain balance. Record the corresponding result in the furthermost right-hand column, such as 20/30. The glossopharyngeal and vagus nerves work together for integration of gag and swallowing. Cranial Nerves Cheat Sheet Download In this section, you can download the cranial nerves cheat sheet. Figure 6.18 Assessing Motor Function of Facial Nerve Figure 6.19 Assessing Sensory Function of Facial Nerve VIII - Vestibulocochlear Test auditory function. Perform the whispered voice test. Assessment of the Cranial Nerve VIII - Vestibulocochlear Test auditory function of Facial Nerve Sensory Function of Fac performing these tests, examiners compare responses of opposite sides of the face and neck. If there is unilateral weakness present, the tongue will point to the affected side due to unopposed action of the normal muscle. Complete the following steps to accurately perform this test: Stand at arm's length behind the seated patient to prevent lip reading. Abducens Both eyes move in coordination. III: Oculomotor Cranial Nerve AssessmentNormal ResponseDocumentationReaction to light: Using a penlight and approaching from the side, shine a light on the pupil. Patient has inability to look side to side (lateral); patient reports (double vision). The acronym PERRLA is commonly used in medical documentation and refers to, "pupils are equal, round and reactive to light and accommodation." Figure 6.14 Assessing Eye Convergence and Accommodation Read more details about assessing the Pupillary Reaction to Light Reflex. sure to provide adequate lighting when performing a vision assessment. V. Trigeminal Patient feels touch on forehead, maxillary, and mandibular areas of face and chews without difficulty. Patient has decreased ability to taste. Figure 6.16 Assessing Trigeminal Sensory Function Figure 6.17 Assessing Trigeminal Nerve VII -Facial Nerve Test motor function. Ask the patient to turn their head to the left while resisting the pressure you are exerting in the opposite direction. The numerator of the fractions on the chart indicates the distance at which someone with normal vision could see this line. Cranial Nerve Assessment Cheat-Sheet • "Do you have any blurred vision, smell, taste, hearing, or balance?" Perform visual acuity or auditory testing if needed CN1, CN2, CN8 Olfactory, Optic, and Vestibulocochlear Nerve • Cover one eye and hold up numbers in their peripheral 4 quadrants. There are 12 cranial nerves which are often forgotten by nurses, so with that in mind, here's a free assessment form which you can use for your case studies and assessment forms. Each ear is tested individually. Face the patient's left cheek. VIII. The uvula and tongue should be in a midline position and the uvula should rise symmetrically when the patient says "Ah." (see Figure 6.22). Recall that accommodation refers to the ability of the eye to adjust from near to far vision. Test bilateral pupils to ensure they are equally round and reactive to light and . If the patient is wearing glasses or contact lens during this assessment, document the results as "corrected vision." Repeat with each eye, having the patient cover the opposite eye. Test far vision by asking the patient to stand 20 feet away from a Snellen chart. Then remove light and observe both pupils. See Figure 6.13 for a card used to assess near vision. Double vision (i.e., seeing two images of a single object). Emergency clinicians often encounter patients with the triad of pinpoint pupils, respiratory depression, and coma related to opioid overuse. IX. Figure 6.13 Assessing Near Vision Cranial Nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve III, IV, and VI - Oculomotor, Trochlear, Abducens Cranial nerve open and close their mouth several times while observing muscle symmetry. Alternate the gaze from the near to the far object. Move the penlight through the six cardinal fields of gaze. Both eyes coordinated, move in unison with parallel alignment. Both eyes move in coordination. See Figure 6.11 for an image of a nurse performing an olfactory assessment. The Romberg test is also a test of the body's sense of positioning (proprioception), which requires healthy functioning of the spinal cord. The diameter of the pupils usually ranges from two to five millimeters. Slurred speech or difficulty swallowing is present. Repeat with the other eye. Vagus Patient swallows and speaks without difficulty speech or difficulty speaks without difficulty speech or difficulty speec The Romberg test is used to test balance and is also used as a test for driving under the influence of an intoxicant. Ask the patient to cover one eye and read the letters from the lowest line they can see. An unexpected finding is involuntary shaking of the eye as it moves, referred to as . Please feel free to use and share! Originally published on January 3, 2012. Repeat for the left. Repeat for the left. Repeat for the other pupil again, and observe the response of the other pupil. Illuminated and non-illuminated pupil should constrict. PERRLA (pupils equally round and reactive to light and accommodation) Reaction to accommodation: Ask client to look at a near object and then at a distant object. See Figure 6.18 for an image of assessing motor function of the facial nerve. The ability of the eye to adjust from near vision. Optic Patient has 20/20 near and far vision. Optic Patient has 20/20 near and far vision. the movements of the penlight with the eyes only. Dim the lights of the room before performing this test. Patient has different sized or reactive pupils bilaterally. Figure 6.20 Assessing Auditory Function Figure 6.21 Romberg Test Cranial Nerve IX - Glossopharyngeal Ask the patient to open their mouth and say "Ah" and note symmetry of the upper palate. Trochlear Both eyes move in the direction indicated as they follow the examiner's penlight. The expected finding is the patient to look at a near object (4-6 inches away from the eyes), and then move the object out to a distance of 12 inches. See Figure 6.19 for an image of assessing taste. Pupils should be round and bilaterally equal in size. To download, simply click on the image and save. Test balance. Patient has facial or complete loss of strength, movement, or control of a muscle or group of muscles within a body part that can be caused by brain or spinal injury. Pupils should constrict while viewing a near object and then dilate while looking at a distant object, and both eyes should move together. Figure 6.25 Assessing the Hypoglossal Nerve Expected Versus Unexpected Findings when assessing the cranial nerves. Look for symmetry and strength of facial muscles. See Figure 6.21 for an image of the Romberg test. Instruct the patient from the side, and shine the penlight on one pupil. If the patient responds correctly, hearing is considered normal; if the patient responds incorrectly, the test is repeated using a different number/letter combination. Ask the patient to clench their teeth tightly while bilaterally palpating the temporalis and masseter muscles for strength. XII. The other ear is assessed similarly with a different combination of numbers and letters. Involuntary, shaky eye movements. Test eye movement by using a penlight. XI: Accessory Cranial Nerve AssessmentNormal ResponseDocumentationAsk client to shrug shoulders and turn head from side to side.Client was able to shrug his shoulders and turn his head from one side to the other. Whisper a combination of numbers and letters (for example, 4-K-2), and then ask the patient to repeat the sequence. See Figure 6.24 for an image of assessing the trapezius muscle. Patient has weakened muscles responsible for chewing; absent corneal reflex; and decreased sensation of forehead, maxillary, or mandibular area. See Figure 6.23 for an image of assessing the gag reflex. II: Optic Assessment TechniqueNormal ResponseDocumentationProvide adequate lighting and ask client to read from a reading material held at a distance of 36 cm. Ask the patient to close their eyes, and then use a wisp from a cotton ball to lightly touch their face, forehead, and chin. I: Olfactory Cranial Nerve AssessmentNormal ResponseDocumentationAsk the client to smell and identify different smell with each nostril separately and with eyes closed unless such condition like colds is present. Client was able to describe the odor of the materials used. Figure 6.22 Assessing Glossopharyngeal Nerve X - Vagus Use a cotton swab or tongue blade to touch the patient's posterior pharynx and observe for a gag reflex followed by a swallow. Patient has decreased visual fields. Can do gag reflex is abnormalCN5 Trigeminal Nerve CN7 Facial Nerve CN7 Facial Nerve CN9 and CN12 Glossopharyngeal and Hypoglossal Nerves Shoulder Shrug / Head Turn • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resistance • Ask the patient to turn their head against resista not be done routinely Get more info at Open Resources for Nursing (Open RN) When performing a comprehensive neurological exam, examiners may assess the functioning of the cranial nerves. Check out this cranial nerves chart for assessment in nursing! Assessment in nursing! Assessment in nursing (Open RN) when performing a comprehensive neurological exam, examiners may assess the functioning of the cranial nerves. nervous system. Patient has decreased hearing in one or both ears and decreased ability to walk upright or maintain balance. Pupils constrict at near vision and dilate at far vision. Glossopharyngeal Gag reflex is present. • Shine light into the right eye and observe both pupils. Test the sense of taste by moistening three different cotton applicators with salt, sugar, and lemon. (14 in.). The client should be able to read with each eye and both eyes. Client was able to read with each eye and both eyes. Observe the response of the illuminated pupil. The action of both eyes moving inward as they focus on a close object using near vision. III. Olfactory Patient is able to describe odor. Oculomotor Pupils are equal, round, and reactive to light and accommodation. Figure 6.24 Assessing Cranial Nerve XI - Hypoglossal Ask the patient to protrude the tongue. Figure 6.12 Snellen Chart Near vision is assessed by having a patient read from a prepared card from 14 inches away. II. The patient should be instructed to occlude the non-test ear with their finger. At the same time, observe and palpate the right sternocleidomastoid with your left hand. Touch the patient's anterior tongue with each swab separately, and ask the patient to identify the taste. Patient has inability to look up, down, inward, or diagonally. refers to drooping of the eyelid and may be a sign of dysfunction. See Figure 6.14 for an image of a nurse assessing a patient's pupillary reaction to light. Stand 1 foot in front of the penlight with only their eyes. See Figure 6.16 for an image of assessing trigeminal sensory function. Patient has inability to shrug shoulders or turn head against resistance. Alternative charts are available for children or adults who can't read letters in English. Place your hands on the patient's shoulders and turns head side to side against resistance. The whispered voice test is a simple test for detecting hearing impairment if done accurately. Observe and palpate the sternocleidomastoid muscles. Next, move an object, converge when near object is moved towards the nose.PERRLA (pupils equally round and reactive to light and accommodation) IV: Trochlear Cranial Nerve AssessmentNormal ResponseDocumentationHold a penlight 1 ft. Exhale before whispering and use as quiet a voice as possible. Gag reflex is not present; patient has . Tongue is not midline or is weak. VIII: Vestibulocochlear Cranial Nerve AssessmentNormal ResponseDocumentationHave the client occlude one ear. Observe for conjugate gaze palsy (inability for both eyes to look in a certain direction) or nystagmus (fast beats) at the extremitiesCN3, CN4, CN6 Oculomotor, Trochlear, and Abducens Nerves Facial Sensation and Movement • Lightly stroke both sides of forehead, cheek and chin equally "Does this feel the same on each side?" • Ask the patient to close eyes, then open, raise their eyebrowssmile, then frown Assess for asymmetry in forehead wrinkles, eyebrows, eyes, nasolabial folds, and mouth • Assess patient for dysarthria throughout interview • "Stick out tongue, now move it side to side rapidly" Assess for tongue deviation and/or weakness • "Open mouth and say "ahhhhh" or yawn Observe for symmetric palatal movement. Repeat by shining the light on the other pupil. Move the penlight as it moves. Both eyes are able to move as necessary. Out of the client's sight, place a tickling watch 2 to 3 cm. Ask the patient to stand with their feet together and eyes closed. V: Trigeminal Cranial Nerve AssessmentNormal ResponseDocumentationWhile the client looks upward, lightly touch the lateral sclera of eye to elicit blink reflex. Client should have a (+) corneal reflex, able to respond to light and deep sensation and able to differentiate hot from cold.Client was able to elicit corneal reflex, sensitive to pain stimuli and distinguish hot from cold.To test light sensation, use alternating blunt and sharp ends of an object. The patient is considered to have passed the screening test if they repeat at least three out of a possible six numbers or letters correctly. At eye level, move the penlight left to lower right, right to left, up and down, upper right to lower structure 6.23 Observing the Gag Reflex Cranial Nerve XI - Spinal Accessory Test the right sternocleidomastoid muscle. • "Follow my finger with your eyes only, keep your head still" • Move pen slowly to the left, then to the right, back to midline, then down-right. The client should also be able to distinguish different tastes. Client performed various facial expressions without any difficulty and able to distinguish varied tastes. Test pupillary reaction to light. Partial or complete loss of smell. There are 12 cranial nerves, so with that in mind, here's a free assessment form that you can use! Cranial Nerves Chart Listed below is a chart of the 12 cranial nerves, the assessment technique used, if the response elicited is normal, and how to document it. See Figure 6.15 for an image of a nurse assessing convergence and accommodation. Then reverse the procedure to test the left sternocleidomastoid. An alternative technique is to ask the patient to press their tongue against their cheek while providing resistance with a finger placed on the outside of the cheek. An unexpected finding is when one pupil is larger than the other or one pupil responds more slowly than the other to light, which is often referred to as a "sluggish responseDocumentationAsk client to protrude tongue at midline and then move it side to side. The client should be able to move tongue without any difficulty. The client was able to move tongue in different directions. It is expected that the patient will maintain balance and stand erect. Far vision is tested using the Snellen chart. ears. Client was able to hear tickling in both ears. Ask the client to walk across the room and back and assess the client's gait. The client was able to stand and walk in an upright position and able to maintain balance. Facial Patient smiles, raises eyebrows, puffs out cheeks, and closes eyes without difficulty; patient can distinguish different tastes. VII

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