

NOAA NEUROLOGIC EXAM FOR DIVING CASUALTIES

Name: _____ Date/Time: _____

Describe symptom: _____

Dive Profile: D/BT ____ / ____ SI ____ min D/BT ____ / ____ SI ____ min D/BT ____ / ____ SI ____ min D/BT ____ / ____

MENTAL STATUS/STATE OF CONSCIOUSNESS

(Circle one)

A = Awake and alert Knows: person ____ place ____ time ____ year ____ Identify objects? _____
 V = Responsive to voice Can add nickel, quarter, and dime? _____ Glasgow Coma Scale score: _____
 P = Responsive to pain Recite 3 unrelated objects after wait? _____
 U = Unresponsive Speech: ____ normal ____ abnormal

VITAL SIGNS Pulse/min _____ Respirations _____ Blood Pressure _____ Temp (warm, cool, normal)

COORDINATION (Normal/Abnormal)

Walk: _____
 Heel-to-toe: _____
 Romberg: _____
 Finger-to-nose: _____
 Heel-shin slide: _____
 Rapid movement: _____

STRENGTH

Graded 0-5:
 0 = Paralysis (no motion possible)
 1 = Profound weakness (trace of muscle contraction)
 2 = Severe weakness (muscle contraction but not against gravity)
 3 = Moderate weakness (can overcome gravity but not resistance)
 4 = Mild weakness (able to resist slight force)
 5 = Normal (equal strength, able to resist force)

CRANIAL NERVES (Normal/Abnormal)

Sense of smell (I) _____
 Vision/visual field (II) _____
 Eye movements, pupils (III, IV, VI) _____
 Facial sensation, chewing (V) _____
 Facial expression muscles (VII) _____
 Hearing (VIII) _____
 Upper mouth, throat sensation (IX) _____
 Gag and voice (X) _____
 Shoulder shrug (XI) _____
 Tongue (XII) _____

Upper body: Deltoids: L _____ R _____
 Latissimus: L _____ R _____
 Biceps: L _____ R _____
 Triceps: L _____ R _____
 Forearms (grip): L _____ R _____
 Hands (finger spread): L _____ R _____
Lower body: Hips - Flexion: L _____ R _____
 Extension: L _____ R _____
 Abduction (spread): L _____ R _____
 Adduction (squeeze): L _____ R _____
 Knees - Flexion: L _____ R _____
 Extension: L _____ R _____
 Ankles - Dorsiflexion: L _____ R _____
 Plantarflexion: L _____ R _____

REFLEXES

Grade: (0-absent, 1-hypoactive, 2-normal, 3-hyperactive)

Biceps: L _____ R _____ Forearm: L _____ R _____ Knees: L _____ R _____ Ankles: L _____ R _____

DESCRIBE ALL ABNORMAL FINDINGS: _____

Glasgow Coma Scale

Eye Opening	
Spontaneously	4
To verbal command	3
To painful stimulus	2
None	1

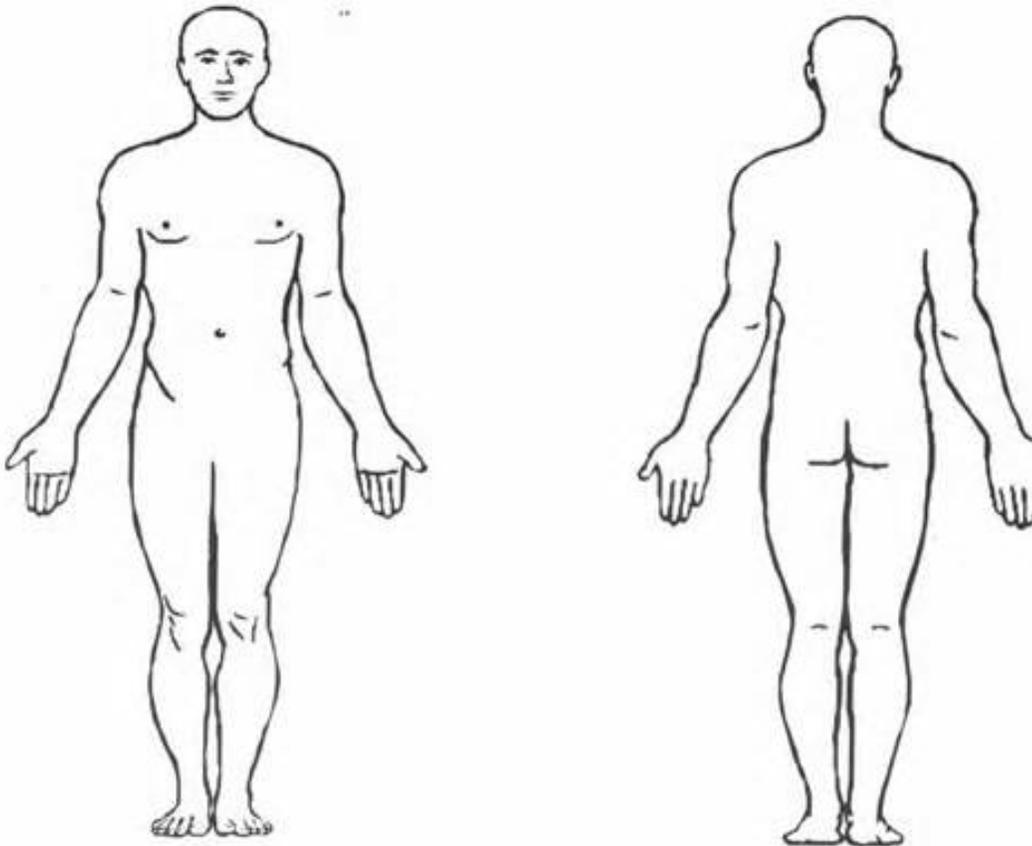
Verbal Response	
Talking/Oriented	5
Confused/Disoriented	4
Inappropriate words	3
Incomprehensible words	2
None	1

Motor Response	
Obeys commands	6
Localizes to pain	5
Withdraws from pain	4
Abnormal Flexion	3
Abnormal extension	2
None	1

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SENSORY EXAMINATION FOR SKIN SENSATION

(Check for sharp, dull, light touch sensation; use diagram to record location of numbness/tingling, pain)



Comments: _____

Examiner (print)

Signature

Title

Date