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 ______
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) __________

REFLEXES  Grade: (0-absent, 1-hypoactive, 2-normal, 3-hyperactive)
Biceps:  L ______ R ______
Forearm:  L ______ R ______
Knees:  L ______ R ______
Ankles:  L ______ R ______

DESCRIPT ALL ABNORMAL FINDINGS:
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Glasgow Coma Scale

<table>
<thead>
<tr>
<th>Eye Opening</th>
<th>Verbal Response</th>
<th>Motor Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneously</td>
<td>Talking/Oriented</td>
<td>Obey commands</td>
</tr>
<tr>
<td>To verbal command</td>
<td>Confused/Disoriented</td>
<td>Localizes to pain</td>
</tr>
<tr>
<td>To painful stimulus</td>
<td>Inappropriate words</td>
<td>Withdraws from pain</td>
</tr>
<tr>
<td>None</td>
<td>Incomprehensible words</td>
<td>Abnormal Flexion</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>Abnormal extension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>
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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