

CHECKLIST FOR CRANIAL NERVES EXAMINATION – UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. Content in blue should be in back of your mind so say when you are practising but not during exam unless seen on the patient in the exam.

FOLLOW THIS CHECKLIST IN PUBLISHED ORDER

Stage 1 – Pre Exam Checklist	
1. Alcohol Gel and bare below elbows	
2. Introduction – “Shake hands/ hello my name is.....”	
3. Consent – “Will it be okay if I examine the nerves in your head?”	
4. Positioning – patient is sitting up and check if they are comfortable in that position	
Stage 2 – General inspection	
NB: POSITION YOURSELF TO THE RIGHT SIDE IF NOT ALREADY DONE SO AS ALL EXAMINATION SHOULD BE PERFORMED FROM THE RIGHT SIDE OF PATIENT	
1. Take a step back to end of the bed	
2. Comment on patient (obvious only) <ul style="list-style-type: none"> • Comfortable at rest or not • Obvious discomfort/ pain • Look for ptosis, squint, abnormal eye position, abnormal/ asymmetric pupils • Look for facial droop, muscle wasting, fasciculation • Any change in voice? 	
3. Comment on surroundings <ul style="list-style-type: none"> • Walking aids, wheelchair • Or say “there are no other obvious clues around the bed” 	
Stage 3: Olfactory (CN I)	
1. Ask patient if there has been any change in their sense of smell recently	
2. Mention that you would check olfaction by using scented bottles which you would present to each nostril separately	
Stage 4: Optic (CN II)	
1. Useful mnemonic: AFROM (acuity, fields, reflexes, optic disc, movement)	
2. Ask patient if they have noticed any change in their vision recently and if they wear corrective lenses/ glasses	
3. Acuity: Use a Snellen chart and position patient 6 metres away. Ensure they have their glasses on and test each eye separately.	

<ul style="list-style-type: none"> • Mention that if patient cannot read, you can correct by using pinhole, then bringing the patient closer to the chart • If they still cannot see, check if they can count fingers, see hand movements or just light. 	
4. Colour vision: mention that you would use Ishihara charts to test this	
<p>4. Visual fields: sit about 1 metre away from patient</p> <ul style="list-style-type: none"> • Sensory inattention: keep both eyes open, test right, left and then both • Peripheral fields: Assess by confrontation and compare to your own fields – ask patient to cover one eye and look directly at your eye. “Let me know when you can see my finger wiggling” or use Neurotip • Can mention checking for blind spot – use red hat pin 	
<p>5. Pupils</p> <ul style="list-style-type: none"> • Closer inspection: size, shape, symmetry • Accommodation: “look at the far wall then look at my finger” • Light reflex (direct + consensual response) • Check for relative afferent papillary defect using swinging light test 	
6. Offer to do fundoscopy	
Stage 5: Ophthalmic/ Trochlear/ Abducens (CN III, IV, VI)	
<p>1. Eye movements: check by asking patient to follow finger in an “H” shape</p> <ul style="list-style-type: none"> • Say “please keep your head still and follow my finger with your eyes only. Let me know if you see double at any point” • N.B. trochlear – superior oblique, abducens – lateral rectus, oculomotor – all others 	
Stage 6: Trigeminal (CN V)	
<p>1. Sensation using cotton wool</p> <ul style="list-style-type: none"> • Check on sternum first • Ask patient to close eyes • Check sensation on each dermatome (V1-V3), comparing left and right • Mention that you would check for superficial pain using a fresh Neurotip (<i>but normally would not actually do it!</i>) 	
<p>2. Motor:</p> <ul style="list-style-type: none"> • Ask patient to clench jaw then palpate masseters and temporalis muscles • “Open your mouth and don’t let me close it” 	

<p>3. Say that you would also like to check their corneal reflex and jaw jerk</p>	
<p>Stage 7: Facial (CN VII)</p>	
<p>1. Motor</p> <ul style="list-style-type: none"> • “Raise your eyebrows” • “Close your eyes and don’t let me open them” • “Show me your teeth” • “Puff out your cheeks” • Look for any asymmetry, is there involvement or sparing of the forehead? 	
<p>2. Sensory:</p> <ul style="list-style-type: none"> • Mention that taste can be tested with sweet/ salty solutions • CNVII supplies anterior 2/3 of tongue 	
<p>Stage 8: Vestibulocochlear (CN VIII)</p>	
<p>1. Auditory: test with whispered numbers while distracting with white noise e.g. rubbing fingers next to the other ear, rubbing tragus</p>	
<p>2. Rinne’s</p> <ul style="list-style-type: none"> • Use 512Hz (preferably) or 256Hz • Test air conduction against bone conduction • Ask patient “what’s louder 1 (in front of ear canal) or 2 (on mastoid bone)?” 	
<p>3. Weber’s</p> <ul style="list-style-type: none"> • Place vibrating tuning fork on forehead and ask patient “which ear do you hear the noise loudest in?” 	
<p>4. Vestibular:</p> <ul style="list-style-type: none"> • Say that you would check for patient’s gait but in the interest of time, you will move on • Can mention presence/ absence of nystagmus (you would have checked this earlier when examining eye movements) 	
<p>Stage 9: Glossopharyngeal & Vagus (CN IX & X)</p>	
<p>1. Ask patient to open their mouth and say “Aah” – check for symmetrical movement</p> <ul style="list-style-type: none"> • Could ask patient to cough 	
<p>2. Say that you would like to check their gag reflex/ pharyngeal sensation</p> <ul style="list-style-type: none"> • Mention that could check using water swallow test – 3 teaspoons of water and observe cough/ swallow/ delayed swallow/ change in 	

voice. If no issues, then ask patient to swallow a glass of water.		
Stage 10: Accessory (CN XI)		
1. Motor		
<ul style="list-style-type: none"> • Sternocleidomastoid – “turn your head against my hand” • Trapezius: “shrug your shoulders and don’t let me push them down” 		
Stage 11: Hypoglossal (CN XII)		
1. Motor to tongue		
<ul style="list-style-type: none"> • Inspect tongue for wasting, fasciculation, involuntary movement • “Stick your tongue out. Move it side to side.” • Ask patient to press tongue against inside of their mouth, press from outside with your finger • Speech: ask patient to say “yellow lorry” 		
Stage 12: TO FINISH OFF		
Turn to the examiner and say: “To complete my examination I would like to:”		
<ul style="list-style-type: none"> • Check the patient’s gait • Examine upper and lower limb neurological systems • Perform fundoscopy 		
Stage 13: COMPLETION		
<ul style="list-style-type: none"> • Thank the patient • Offer to help get dressed and cover up • USE ALCOHOL GEL AGAIN AT THE END 		
Stage 14: PRESENT FINDINGS		
END OF EXAMINATION		