

MODULE 5: CANADIAN NEUROLOGICAL SCALE (CNS)

Name: _____ Date: _____

1. Skilled and consistent use of a Standardized Nursing Assessment such as CNS may:
 - a. Positively impact patient outcomes
 - b. Lead to early intervention by detecting neurological deterioration
 - c. Contribute to a better prognosis
 - d. Limit the extension of neurological damage
 - e. All of the above
2. You will choose to assess Motor Response using either the A1 OR the A2 component of the CNS. You will select A2 when:
 - a. Your stroke patient has a **Receptive Speech Deficit**, that is, they do not comprehend the questions you are verbally asking them
 - b. Your stroke patient is drowsy or asleep
 - c. Your stroke patient has an **Expressive Speech Deficit**, that is, they cannot produce speech properly
 - d. You are finished both A and A1 components of the test

Quiz

- You may use your binder as a reference to answer these questions
- Submit your completed quiz to the Nurse Clinician or designate for marking
- Your test will be returned to you to keep in your binder

3. Communicate CNS results when:
- a. You notice a neurological **decline** in your patient
 - b. The new score differs by more than **1 point** from the last CNS score or 0.5mm difference in the pupils
 - c. An already present deficit has **gotten worse**
 - d. You have a concern as the nurse that your patient *“is not quite right, compared to last night ...”*
 - e. All of the above

TRUE/FALSE Questions

(CIRCLE the correct letter)

- T** **F** 1. The CNS complements the GCS and is a reliable and valid tool for acute stroke patients.
- T** **F** 2. The CNS is a 11.5 point scale measuring Mentation and Motor Function.
- T** **F** 3. Higher CNS scores tend to imply a poor outcome.
- T** **F** 4. A decrease of 3 or more points from previous CNS scores denotes a change requiring physician notification.
- T** **F** 5. Presence of aphasia is taken into account with the CNS.
- T** **F** 6. When assessing motor function in the upper limbs, record the side with the WORST deficit, using R or L.
- T** **F** 7. If you notice a decline or difference in the patient within the designated times to do the CNS, it is appropriate to assess the patient an additional time.

SCORE: _____ / **10**

Stroke Unit/Medical Unit Nurse Clinician/Designate

Signature