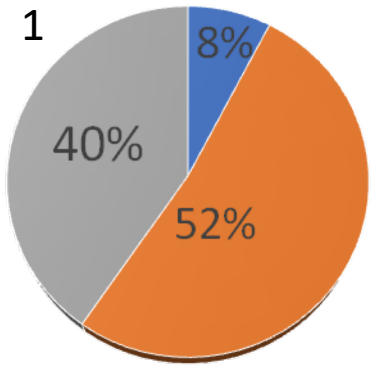


# Neurological examination of patients in the Assessment Unit

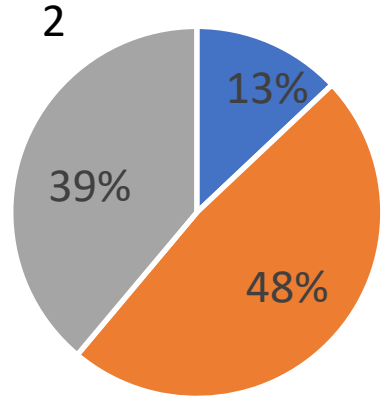


George Dickson, Gwyneth Jones, Chris Isles. Dumfries Infirmary

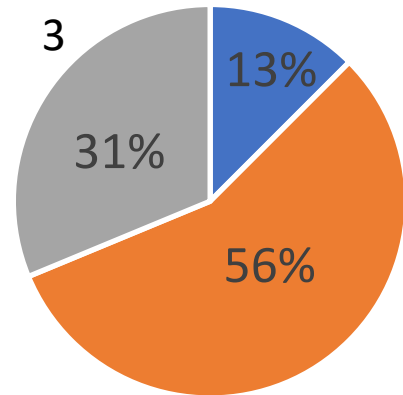
Non-Neurological Presentations



52 Patients



53 Patients



90 Patients

FULL PARTIAL NONE



A significant number of patients are admitted to DGRI without even the most basic of neurological examinations. Many in this group have possible neurological presentations. There are no similar omissions found with regards to other specialties: heart, lungs. There is a risk of misdiagnosis, delayed management and suboptimal care when examination is delayed.



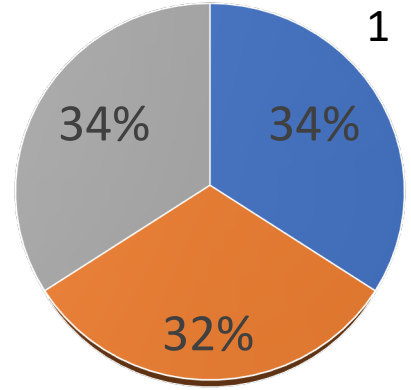
A two cycle audit was performed assessing documentation of neurological assessment in CAU in those with neurological presentations (eg: falls, confusion, headache, reduced GCS) and non-neurological presentations. These were divided into FULL (attention to all modalities), PARTIAL (mention of neurological status in any way) or NONE (no examination performed). Interventions were: a presentation to our weekly Grand Round between Audit 1 & 2; and a second presentation to those directly involved in admitting patients at a near peer teaching session, which we distributed by e-mail to those who could not attend, between Audit 2 and 3.



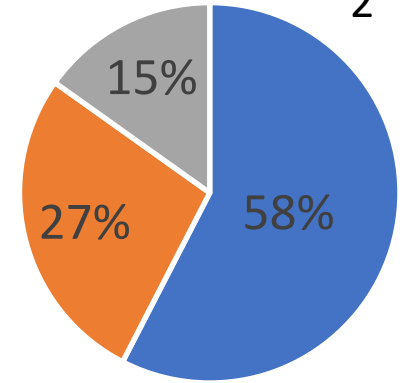
Audit 1 (top panels) showed that 40% of 52 non neurological presentations (top left) and 34% of 35 neurological presentations (top right) received no neurological assessment. One month later, Audit 2 (middle panels) showed some improvement in documentation. Audit 3, immediately following and consisting of 137 patients, showed that despite repeated education a significant number of new patient assessments, including those with neurological presentations, failed to receive any neurological examination.



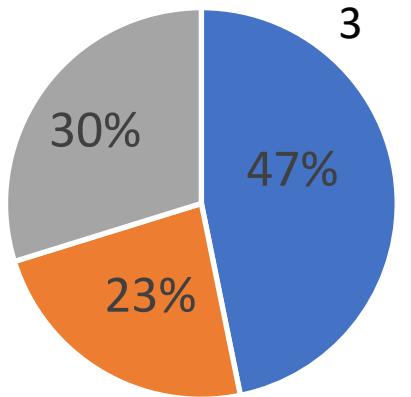
These results are disappointing, especially in neurological presentations. Failure to examine the nervous system when indicated may delay diagnosis and impedes adequate monitoring of clinical progress. There was some improvement in documentation, but clearly our interventions have been insufficient and further education is required.



35 Patients



33 Patients



47 Patients

FULL PARTIAL NONE

Neurological Presentations