

Canadian Neurological Scale (CNS) instructions for use

- **Maximum score of 11.5**
- **One point decrease may indicate a significant change in neurological status**

Assess: Vital Signs and Pupils

Section A: MENTATION (LOC, Orientation, Speech)

Level of Consciousness:

Perform the CNS if patient is alert or drowsy. GCS if the patient is stuporous or comatose.

ORIENTATION:

Place (city or hospital), Time (month and year)

*Patient can speak, write, or gesture their responses.

SCORE: Patient is Oriented, score 1.0, if they correctly state both place and correct month and year. If dysarthric, speech must be intelligible. If patient cannot state both, Disoriented, score 0.0.

SPEECH:

RECEPTIVE: Ask patient the following separately (do not prompt by gesturing):

1. Close your eyes
2. "Does a stone sink in water?"
3. Point to the ceiling

SCORE: If patient is unable to do all three, this indicates a RECEPTIVE DEFICIT, score 0.0, and go to A2. If patient is able to answer all three, continue to assess EXPRESSIVE.

EXPRESSIVE:

1. Show patient 3 items separately (pen, watch, and key) and ask patient to name each object.
2. Ask patient what each object is used for while holding each up again, i.e. "What do you do with a pen?"

SCORE: If patient is able to state the name and use of all 3 objects, Normal Speech, score 1.0.

If patient is unable to state the name and use of all 3 objects, Expressive Deficit, score 0.5.

*If patient answers all questions correctly but speech is slurred and intelligible, score Normal Speech and record 'SL' along with the score.

Section A1: MOTOR FUNCTION

NO RECEPTIVE DEFICIT – Do not complete if patient has a Receptive Deficit

FACE: Ask patient to smile/grin, note for weakness in mouth or nasal/labial folds.

SCORE: None/no weakness = 0.5 or Present/Weakness = 0.0. Test both limbs and always record the side with the WORST deficit and indicate side by lettering R (Right) or L (Left).

SCORING FOR ARM AND LEG WEAKNESS: Only score weakest side

None 1.5	No weakness present
Mild 1.0	Mild weakness present, full ROM, cannot withstand resistance
Significant 0.5	Moderate weakness, some movement, not full ROM
Total 0.0	Complete loss of movement; total weakness

SCORE:

Arm Proximal: Ask patient to lift arm 45-90 degrees. Apply resistance between shoulder and elbow.

Arm Distal: Ask patient to make a fist and flex wrist backwards, apply resistance between wrist and knuckles.

Leg Proximal: In supine position, ask patient to flex hip to 90 degrees, apply pressure to mid-thigh.

Leg Distal: Ask patient to dorsiflex foot, apply resistance to top of foot.

Section A2: MOTOR RESPONSE

RECEPTIVE DEFICIT PRESENT

FACE: Have patient mimic your smile. If unable, note facial expression while applying sternal pressure.

ARMS: Demonstrate or lift patient's arms to 90 degrees, score ability to maintain equal levels for > 5 seconds. If unable to maintain raised arms, apply nail bed pressure to assess reflex response.

LEGS: Lift patient's hip to 90 degrees, score ability to maintain equal levels for > 5 seconds. If unable to maintain raised position, apply nail bed pressure to assess reflex response.