

MEND* EXAM HOSPITAL CHECKLIST

*MIAMI EMERGENCY NEUROLOGIC DEFICIT

Patient Name:							
Hospital #:		Patient Plate Imprint					
MEND EXAM		Date:		Date:		Date:	
COMPONENTS		L FINDINGS		Time:		Time:	
MENTAL STATUS		✓ if abnl	Comments	✓ if abnl	Comments if change	✓ if abnl	Comments if change
■ Level of Consciousness	Awake & alert	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
■ Speech	Repeats "You can't teach an old dog new tricks" using correct words and no slurring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
■ Questions	Says the month and own age correctly	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
■ Commands	Closes & opens eyes to command	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CRANIAL NERVES		R	L	R	L	Comments if change	R
■ Facial Droop	Both sides move equally well on smile/grimace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
■ Visual Fields	Sees fingers in all 4 quadrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
■ Horizontal Gaze	Moves eyes completely side to side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
LIMBS		R	L	R	L	Comments if change	R
■ Motor—Arm Drift (eyes closed)	Raised arms do not drift down (both together)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
■ Motor—Leg Drift (eyes open)	Each raised leg does not drift down (1 at a time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
■ Sensory—Arm (eyes closed)	Feels touch on each arm normally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
■ Sensory—Leg (eyes closed)	Feels touch on each leg normally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
■ Coordination—Arm	Finger-to-nose accurate & smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
■ Coordination—Leg	Heel-to-shin accurate & smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
TOTAL MEND EXAM SCORE <i>Add up all checked responses (range 0-22)</i>							
Comparison to Previous Exam (check one):		__Better __Same __Worse __N/A		__Better __Same __Worse __N/A		__Better __Same __Worse __N/A	
Examiner's Initials or Signature:							