



OSCE Checklist: Cranial Nerve Examination

Introduction		
1	Gather equipment	
2	Wash your hands and don PPE if appropriate	
3	Introduce yourself to the patient including your name and role	
4	Confirm the patient's name and date of birth	
5	Briefly explain what the examination will involve using patient-friendly language	
6	Gain consent to proceed with the examination	
7	Position the patient sitting on a chair	
8	Ask if the patient has any pain before proceeding	
General inspection		
9	Perform a brief general inspection, looking for clinical signs suggestive of underlying pathology	
Olfactory nerve (CN I)		
10	Ask the patient if they have noticed any recent changes to their sense of smell	
Optic nerve (CN II)		
11	Inspect the pupils	
12	Assess visual acuity	
13	Assess direct and consensual pupillary reflexes	
14	Perform swinging light test	
15	Assess accommodation reflex	
16	Assess colour vision	
17	Assess for visual neglect	
18	Assess visual fields	
19	Assess blind spot	
20	Perform fundoscopy	
Oculomotor (CN III), trochlear (CN IV) and abducens (CN VI) nerves		
21	Inspect eyelids for ptosis	
22	Assess eye movements	
23	Assess for evidence of strabismus (light reflex test and cover test)	
Trigeminal nerve (CN V)		
24	Assess facial sensation including the forehead, cheek and lower jaw	
25	Assess the muscles of mastication	

26	Assess the jaw jerk reflex	
27	Assess the corneal reflex	
Facial nerve (CN VII)		
28	Ask the patient if they have noticed any changes to sense of taste.	
29	Ask the patient if they have noticed any changes to their hearing (hyperacusis)	
30	Inspect the face for asymmetry at rest	
31	Assess facial movement by asking the patient to perform various facial expressions	
Vestibulocochlear nerve (CN VIII)		
32	Perform gross hearing assessment	
33	Perform Rinne's test	
34	Perform Weber's test	
35	Perform vestibular testing (e.g. turning test, vestibular-ocular reflex)	
Glossopharyngeal (CN IX) and vagus (CN X) nerves		
36	Inspect the soft palate and uvula and ask the patient to say "ahh"	
37	Ask the patient to cough	
38	Perform swallow assessment (or mention gag reflex)	
Accessory nerve (CN XI)		
39	Inspect the sternocleidomastoid and trapezius muscles	
40	Assess trapezius muscle strength	
41	Assess sternocleidomastoid strength	
Hypoglossal nerve (CN XII)		
42	Inspect the tongue for wasting and fasciculations	
43	Ask the patient to protrude their tongue and observe for deviation	
44	Assess tongue strength	
To complete the examination...		
45	Explain to the patient that the examination is now finished	
46	Thank the patient for their time	
47	Dispose of PPE appropriately and wash your hands	
48	Summarise your findings	
49	Suggest further assessments and investigations (e.g. full neurological examination, neuroimaging, formal hearing assessment)	