

Cytarabine cerebellar neurotoxicity assessment tool

Complete this baseline neurological assessment prior to administering high-dose cytarabine. Neurological assessments should be completed prior to commencing each cytarabine infusion. Increase frequency as clinically indicated.

If the patient scores 1 or above, do not commence the cytarabine infusion and notify the treating team immediately.

Hospital ID: _____ MRN: _____

Surname: _____

Given names: _____

Date of birth: _____ Sex: _____ AMO: _____

Pronouns: _____

Preferred names: _____

Treatment protocol:

Date:

Cycle:

Day:

Cerebellar neurotoxicity assessment chart

Date & time						
Level of consciousness 0 = alert or easily roused 1 = confused or somnolent						
Orientation – time, place, person 0 = orientated 1 = disorientated						
Speech pattern 0 = clear 1 = prolonged separation of syllables						
Gait – ability to walk heel to toe in a straight line 0 = steady 1 = unsteady/stilting/shuffling						
Handwriting 0 = unchanged from previous assessment(s) 1 = deviation from previous assessment(s)						
Nystagmus 0 = no nystagmus 1 = nystagmus present L = left R = right C = centre U = upward D = downward	Ask the patient to follow your finger with their eyes (keeping head still). Start with your finger centred in front of the patient. Move your finger to the right, centre, left, centre, upward centre, downward, centre. Assess for rhythmic beats and note direction of nystagmus for each eye position.					

Romberg test 0 = steady (-ve) 1 = unsteady/loses balance (+ve)	You are observing to see if the patient requires vision to stand steadily, unaided: Ask patient to stand with feet together, eyes open and hands by the sides. Ask patient to close eyes for 60 seconds. Observe ability to maintain upright posture. Note: undertake risk assessment prior to performing test, to ensure patient does not sustain injury.					

Upper extremity coordination

Rapid alternating movements (RAMs) 0 = smoothly 1 = clumsy/awkward	Ask the patient to place one hand on their thigh, and then rapidly turn it over, placing the back of the hand on the same place. Ask them to repeat it rapidly for 10 seconds.					
	L					
	R					
Point to point testing 0 = smoothly 1 = clumsy/awkward	Ask patient to touch your index finger and then their nose, alternating several times. Move your finger so the patient has to extend their arm.					
	L					
	R					

Lower extremity coordination

Rapid alternating movements (RAMs) 0 = smoothly 1 = clumsy/awkward	Ask patient to tap your hand as quickly as possible with the ball of their foot, alternating feet.					
	L					
	R					
Point to point testing 0 = smoothly 1 = clumsy/awkward	Ask patient to place one heel on opposite knee and then run it down the shin to the great toe. Assess both feet.					
	L					
	R					

Total score						
--------------------	--	--	--	--	--	--

Assessor's signature & designation:						
------------------------------------------------	--	--	--	--	--	--

Handwriting assessment

Date	Time	Patient handwriting sample

E: feedback@eviq.org.au
W: eviq.org.au