

GRACE 3 Checklist:

NAME: _____ MRN# _____ DOB _____

Acute and Recent Onset Vertigo and Dizziness

Peripheral Central

Onset? _____

Ambulates unassisted?

YES NO

Continued Symptoms? YES NO Nystagmus visible? YES NO

**If YES, do HINTS*

**If NO, reduce fixation, still NO Nystagmus? Do Dix-Hallpike (below)*

HINTS - Head Impulse, Nystagmus, Test of Skew

Nystagmus Visible? – Right beating Left beating

Change in direction with change in gaze?

NO YES

Head Impulse Test – Catch Up Saccade?

YES NO

To Right? To Left? Both?

Direction of positive Head Impulse and direction of nystagmus fast phase

should be opposite in acute peripheral vertigo

Test of Skew (vertical diplopia) –Cover Test

Vertical correction when one eye covered?

NO YES

**If any items are checked in the "Central" column, consider possible stroke*

Dix-Hallpike – Episodic triggered vertigo

Vertigo or Nystagmus present while sitting? YES NO

Yes –not a candidate No-Proceed

Symptoms triggered? Yes Duration? _____ Side? _____ NO

Nystagmus triggered Yes Duration? _____ Side? _____ NO