



Department of Emergency Medicine

NIH Stroke Scale

for use in DEM *only*

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Instructions:

Use *DEM Stroke Scale Worksheets* to help calculate Stroke Scale. Enter numbers and calculate total.

Draw a line through, initial and date all changes.

Level of Consciousness:	<input type="text"/>	1a.	0-alert 1-easy to arouse 2-hard to arouse 3-reflexes/unresponsive
LOC Questions:	<input type="text"/>	1b.	0-month/age right 1-one right 2-neither right
LOC Commands:	<input type="text"/>	1c.	0-eye-opening/handrip both right 1-one right 3-neither right
Best Gaze:	<input type="text"/>	2.	0-normal 1-partial palsy 2-forced deviation
Visual:	<input type="text"/>	3.	0-normal 1-partial one eye 2-partial both eyes 3-blind
Facial Palsy:	<input type="text"/>	4.	0-normal 1-minor 2-partial 3-complete
Motor Arm, Left:	<input type="text"/>	5a.	0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot
Motor Arm, Right:	<input type="text"/>	5b.	0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot
Motor Leg, Left:	<input type="text"/>	6a.	0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot
Motor Leg, Right:	<input type="text"/>	6b.	0-no drift 1-drift 2-some effort 3-no effort 4-no movement UN-cannot
Limb Ataxia:	<input type="text"/>	7.	0-normal 1-one limb 2-two limbs UN-cannot
Sensory:	<input type="text"/>	8.	0-normal 1-mild/moderate 2-severe/total
Best Language:	<input type="text"/>	9.	0-normal 1-mild/moderate aphasia 2-severe 3-mute
Dysarthria:	<input type="text"/>	10.	0-normal 1-mild-moderate 2-severe UN-intubated
Extinction and Inattention:	<input type="text"/>	11.	0-normal 1-inattention/extinction 2-profound hemi-inattention/extinction

NIH Stroke Scale Total:

Explain "UN" items:

Resident/PA/CRNP:		Attending emergency physician (required):	
Date: <input type="text"/>	Sign: <input type="text"/>	Date: <input type="text"/>	Sign: <input type="text"/>
Time: <input type="text"/>	<input type="text"/>	Time: <input type="text"/>	<input type="text"/>
Print Last Name: <input type="text"/>		Print Last Name: <input type="text"/>	