



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 2-inattention/extinction 3-profound hemi-inattention/extinction |

NIH Stroke Scale Total:

Explain "UN" items:

Resident/PA/CRNP:

Attending emergency physician (required):

Date: Sign:

Time:

Date: Sign:

Time:

Print Last Name:

Print Last Name: