# Patient Assessment (NIH Stroke Scale)

**Category**

*For abbreviated Stroke Scale, complete items in shaded rows

<table>
<thead>
<tr>
<th>Score/Description</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>0 = Alert</td>
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<tr>
<td>1 = Drowsy</td>
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<tr>
<td>2 = Stuporous</td>
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<tr>
<td>3 = Coma</td>
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1a. Level of Consciousness
(Alert, drowsy, etc.)

- **0 = Alert**
- **1 = Drowsy**
- **2 = Stuporous**
- **3 = Coma**

1b. LOC Questions
(Month, age)

- **0 = Answers both correctly**
- **1 = Answers one correctly**
- **2 = Incorrect**

1c. LOC Commands
(Open/close eyes, make fist/let go)

- **0 = Obey both correctly**
- **1 = Obey one correctly**
- **2 = Incorrect**

2. Best Gaze
(Eyes open – patient follows examiner’s finger or face)

- **0 = Normal**
- **1 = Partial gaze palsy**
- **2 = Forced deviation**

3. Visual Fields
(Introduce visual stimulus/threat to pt’s visual field quadrants)

- **0 = No visual loss**
- **1 = Partial Hemianopia**
- **2 = Complete Hemianopia**
- **3 = Bilateral Hemianopia (Blind)**

4. Facial Paresis
>Show teeth, raise eyebrows and squeeze eyes shut

- **0 = Normal**
- **1 = Minor**
- **2 = Partial**
- **3 = Complete**

5a. Motor Arm – Left
5b. Motor Arm – Right
(Elevate arm to 90° if pt is sitting, 45° if supine)

- **0 = No drift**
- **1 = Drift**
- **2 = Can’t resist gravity**
- **3 = No effort against gravity**
- **4 = No movement**
- **X = Untestable**
    (Joint fusion or limb amp)

- **Left**
- **Right**

6a. Motor Leg – Left
6b. Motor Leg – Right
(Elevate leg 30° with pt supine)

- **0 = No drift**
- **1 = Drift**
- **2 = Can’t resist gravity**
- **3 = No effort against gravity**
- **4 = No movement**
- **X = Untestable**
    (Joint fusion or limb amp)

- **Left**
- **Right**

7. Limb Ataxia
(Finger-nose, heel down shin)

- **0 = No ataxia**
- **1 = Present in one limb**
- **2 = Present in two limbs**

8. Sensory
(Pin prick to face, arm, trunk, and leg – compare side to side)

- **0 = Normal**
- **1 = Partial loss**
- **2 = Severe loss**

9. Best Language
(Name item, describe a picture and read sentences)

- **0 = No aphasia**
- **1 = Mild to moderate aphasia**
- **2 = Severe aphasia**
- **3 = Mute**

10. Dysarthria
(Evaluate speech clarity by patient repeating listed words)

- **0 = Normal articulation**
- **1 = Mild to moderate slurring of words**
- **2 = Near to unintelligible or worse**
- **X = Intubated or other physical barrier**

11. Extinction and Inattention
(Use information from prior testing to identify neglect or double simultaneous stimuli testing)

- **0 = No neglect**
- **1 = Partial neglect**
- **2 = Complete neglect**

**TOTAL SCORE**

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<th>INITIAL</th>
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**ACCOUNT NO.**
**MED. REC. NO.**
**NAME**
**BIRTHDATE**

**Oregon Health & Science University Hospitals and Clinics Provider’s Orders**

**HP2600**

**ACUTE ISCHEMIC STROKE PATIENT ASSESSMENT (NIH STROKE SCALE)**

**ACCOUNT NO.**
**MED. REC. NO.**
**NAME**
**BIRTHDATE**

**Patient Identification**

**Date/Time**
**Initials**
**Date/Time**
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**Initials**

**ONLINE 8/2007**

**HP-5335**