

Signature:			ED Score																
NIH STROKE SCALE			DATE																
			TIME																
			INITIAL																
				Score															
1a. Level of Consciousness	0-Alert: Keenly responsive 1-Drowsy: arousable by minor stimulation	2-Stuporous (requires stimulation) 3-Coma (reflex response only); no movement																	
1b. LOC Questions (month, age)	0-Answers both correctly 1-Answers one correctly	2-Answers neither correctly																	
1c. LOC Commands (open, close eyes; make fist, let go)	0-Performs both task correctly 1-Performs one task correctly	2-Performs neither task correctly																	
2. Best Gaze (eyes open; patient follows examiners finger or face)	0-Normal 1-Partial gaze	2-Forced deviation																	
3. Visual (upper and lower quadrants are tested by finger counting)	0-No visual loss 1-Partial hemianopia	2-Complete hemianopia 3-Bilateral hemianopia																	
4. Facial Palsy (show teeth, raise eyebrows, and squeeze eyes shut)	0-Normal symmetrical movement 1-Minor paralysis	2-Partial paralysis (one side) 3-Complete paralysis																	
5a. Motor Arm - Left (elevate extremity 90 degrees and score drift/movement)	0-No drift (holds for full 10 seconds) 1-Drift 2-Some effort against gravity	3-No effort against gravity (limb falls) 4-No movement UN* -Amputation; joint fusion																	
5b. Motor Arm - Right (elevate extremity 90 degrees and score drift/movement)	0-No drift (holds for full 10 seconds) 1-Drift 2-Some effort against gravity	3-No effort against gravity (limb falls) 4-No movement UN* -Amputation; joint fusion																	

Patient Identification Label

BEEBE MEDICAL CENTER
**** Highlighted items = Modified NIH Stroke Scale (May be used only in PACU)**



Motor	Makes no movements	Extension to painful stimuli (decerebrate)	Abnormal flexion to painful stimuli (decorticate)	Flexion/withdrawal to painful stimuli	Localizes painful stimuli	Obeys commands
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NIHSS: National Institute of Health Stroke Scale

rtment Links > Stroke Initiative > [10295 NIH STROKE SCALE mini - Rev. 10-31-11.doc](#)

0 is the normal score

Perform in order

Do not change scores or go backwards

Score reflects what you observe not what examiner thinks patient can do

Practice makes perfect

- 1C. LOC Commands-assess ability to follow commands only. Not strength, speed, or coordination
2. Best Gaze-assess motor ability to move eyes in all directions while examiner makes “N” or “H”. Don’t tests sensory ability of vision
3. Visual-assess for peripheral vision loss by having patient count examiner’s fingers or identify when they wiggle. Patient has one eye covered and focuses on examiner’s nose
4. Facial Palsy-count teeth to identify facial drooping
- 5a and 5b. Motor Arm-test arms one at a time, score 2 if patient makes some effort against gravity but it eventually rests on bed within 10 seconds
- 6a and 6b. Motor Leg-test legs one at a time, score 2 if patient makes some effort against gravity but it eventually rests on bed within 5 seconds
9. Best Language-patient reads: You know how. Down to earth. I got home from work. Near the table in the dining room. They heard him speak on the radio last night. Evaluate for ability to read, name items, and describe picture accurately. Not graded for speech clarity.
10. Dysarthria-assess clarity of speech not ability to read, patient can read or repeat words examiner says: Mama, Tip-Top, Fifty-Fifty, Thanks.
11. Extinction & Inattention-tap face, arms, and legs with patient’s eyes closed, identifies if their right, left, or right and left sides are being touched