



NIH Stroke Scale

Instructions

Administer stroke scale items in the order listed. Record performance in each category after each subscale exam. Do not go back and change scores. Follow directions provided for each exam technique. Scores should reflect what the patient does, not what the clinician thinks the patient can do. The clinician should record answers while administering the exam and work quickly. Except where indicated, the patient should not be coached (i.e., repeated requests to patient to make a "special effort").

1a

Instructions

Level of Consciousness

The investigator must observe a response if a full evaluation is prevented by such obstacles as an endotracheal tube, language barrier, or occluded ornaal passages. A 3 is scored only if the patient makes no movement (other than reflexive posturing) in response to noxious stimulation.

Level of Consciousness

0
1
2
3

Scale Definition

Alertly readily responsive.

Not alert but responsive to minor stimulation to eyes, ears, or touch.

Not alert; requires repeated stimulation to attend, or is oriented and requires strong or painful stimulation to make movements (not stereotyped).

Responds only with reflex motor or autonomic effects, or totally unresponsive, flaccid, and anorexic.

Score

Level of Consciousness

1b

Scale Definition

Instructions

1c

Instructions

Level of Consciousness

Scale Definition

Nih Stroke Scale Pocket Cards

Chao Zhang



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