

## Pre-hospital Stroke Screening Scale

1. Patient name: \_\_\_\_\_

2. Hx/info taken from: \_\_\_\_\_

Patient     Family     Other

3. Time last seen normal/baseline and awake: *time* \_\_\_\_: \_\_\_\_ *date* \_\_\_\_/\_\_\_\_/\_\_\_\_

Screening Criteria		YES	UNKNOWN	NO
4	Age >45?			
5	No history of seizures or epilepsy			
6	Symptom duration less than 3 hrs			
7	Patient is not wheelchair bound or bedridden at baseline			
8	Glucose between 80 and 400			
9	Failed one test on Cincinnati Stroke Scale (facial droop, arm drift, abnormal speech)			

All yes?

**Call receiving hospital to alert for potential stroke patient**

### Cincinnati Pre-hospital Stroke Scale

This test is used to assess a patient's facial muscles, arm movement and speech function. Abnormality in any one strongly suggests stroke.

- The patient is asked to show teeth or smile
  - **Normal** – both sides of face move equally well
  - **Abnormal** – one side of face does not move as well as the other side



- The patient is asked to close both eyes and hold both arms straight out for 10 seconds
  - **Normal** – both arms move the same or both arms do not move at all
  - **Abnormal** – one arm does not move or one arm drifts down
- The patient is asked to repeat a simple phrase, such as “You can't teach an old dog new tricks”
  - **Normal** – patient uses correct words with no slurring
  - **Abnormal** – patient slurs words, uses the wrong words or is unable to speak

