 NIHSS Checklist

The National Institutes of Health Stroke Scale (NIHSS) is a standardized tool for assessing the severity of neurological deficits in suspected ischemic stroke. Practitioners who are documenting an NIHSS score should have completed a certification program (available for free online). The steps of the NIHSS are summarized here, adapted from the Canadian Best Stroke Practices pocket card (also available online).

- Wash your hands
- Introduce yourself to the patient
- Drape patient appropriately
- Set of vitals

<table>
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<tr>
<th>Scale Component</th>
<th>Scoring</th>
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| **1a. Level of consciousness** | 0 = Alert  
1 = Not alert, rousable with minimal stimulation  
2 = Not alert, requires repeated stimulation  
3 = Not rousable |
| **1b. LOC Questions** | 0 = Answers both correctly  
1 = Answers one correctly  
2 = Answers both incorrectly |
| **1c. LOC Commands** | 0 = Does both correctly  
1 = Does one correctly  
2 = Does neither correctly |
| **2. Best gaze** | 0 = Normal  
1 = Partial gaze palsy  
2 = Forced deviation or total gaze paresis (i.e. NOT overcome by oculocephalic maneuver) |
| **3. Visual fields** | 0 = No visual loss  
1 = Partial hemianopsia  
2 = Complete hemianopsia  
3 = Bilateral hemianopsia |
| **4. Facial palsy** | 0 = Normal symmetrical movement  
1 = Minor paralysis (flattened nasolabial fold, asymmetry on smiling)  
2 = Partial paralysis (lower face)  
3 = Complete paralysis |
| **5. Arm motor** | 0 = No drift  
1 = Drift (i.e. falls before 10 seconds)  
2 = Some effort vs gravity  
3 = No effort vs gravity  
4 = No movement  
UN = Amputation or joint fusion |

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| **6. Leg motor** | 0 = No drift  
1 = Drift (i.e. falls before 5 seconds)  
2 = Some effort vs gravity  
3 = No effort vs gravity  
4 = No movement  
UN = Amputation or joint fusion  
*Score each limb separately |
| **7. Limb ataxia** | 0 = Absent  
1 = Present in one limb  
2 = Present in two or more limbs  
UN = Amputation or joint fusion  
*Repeat both on opposite side |
| **8. Sensory** | 0 = Normal  
1 = Mild-to-moderate sensory loss  
2 = Severe-to-total sensory loss  
*Stuporous/aphasic → 0 or 1  
*Quadriplegic/comatose patients → 2  
*If decreased LOC, use noxious stimulus |
| **9. Best language** | 0 = No aphasia  
1 = Mild-to-moderate aphasia  
2 = Severe aphasia  
3 = Mute, global aphasia  
*Intubated patients should be asked to write  
*Comatose patients → 3  
*See next page for reference |
| **10. Dysarthria** | 0 = Normal articulation  
1 = Mild-to-moderate dysarthria  
2 = Severe dysarthria  
UN = Intubated or other physical barrier  
*If visually impaired, ask to repeat words |
| **11. Extinction and Inattention** | 0 = No abnormality  
1 = Visual, tactile, auditory, spatial, or personal inattention  
2 = Profound hemi-inattention or extinction to more than one modality  
*Severe vision loss preventing visual double simultaneous stimulation, but no other evidence of extinction/inattention → 0  
*Latter two steps can be incorporated into VF and sensory testing above |

The NIHSS is scored out of 42  
*Score of <4 is associated with good outcome

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.
MAMA
TIP-TOP
FIFTY-FIFTY
THANKS
HUCKLEBERRY
BASEBALL PLAYER