

Today's Date: _____	DATE/TIME LAST KNOWN WELL _____
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	NIH Stroke Scale <small>Time:</small>			Plan of Care Discussed:
				Score
Level of Consciousness	<b>0</b> =Alert <b>1</b> =Not Alert but arousable by mild stimulation <b>2</b> =Not alert; Requires repeated stimulation to attend <b>3</b> =Only reflex motor/or autonomic reflex or unresponsive			<b>Notes:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Level of Consciousness Questions	<b>0</b> = Answers both month and age correctly <b>1</b> =Answers one question correctly <b>2</b> =Answers neither question correctly			
LOC-Commands	<b>0</b> = Performs both tasks correctly <b>1</b> = Performs one task correctly <b>2</b> =Performs neither task correctly			
Gaze	<b>0</b> = Normal <b>1</b> = Partial Gaze Palsy <b>2</b> = Forced Deviation			
Visual Fields	<b>0</b> = No visual loss <b>1</b> = Partial Hemianopia <b>2</b> = Complete Hemianopia <b>3</b> = Bilateral Hemianopia			
Facial Movement (Facial Paresis)	<b>0</b> = Normal symmetrical movements <b>1</b> = Minor paralysis <b>2</b> = Partial paralysis <b>3</b> = Complete paralysis of one or both			
Motor Function-Arms (Right and Left)	<b>0</b> = No drift <b>1</b> = Drift <b>2</b> = Some effort against gravity <b>3</b> = No effort against gravity <b>4</b> = No movement <b>UN</b> = Amputation or joint fusion	R           L	R           L	
Motor Function-Legs (Right and Left)	<b>0</b> = No drift <b>1</b> = Drift <b>2</b> = Some effort against gravity <b>3</b> = No effort against gravity <b>4</b> = No movement <b>UN</b> = Amputation or joint fusion	R           L	R           L	
Limb Ataxia	<b>0</b> = Absent <b>1</b> = Present in one limb <b>2</b> = Present in two limbs <b>UN</b> = Amputation or joint fusion, explain			
Sensory	<b>0</b> = Normal: no sensory loss <b>1</b> = Mild to moderate sensory loss <b>2</b> = Severe to total sensory loss			
Best Language	<b>0</b> = No aphasia <b>1</b> = Mild to moderate aphasia <b>2</b> =Severe Aphasia <b>3</b> = Mute			
Dysarthria	<b>0</b> = Normal <b>1</b> = Mild to moderate dysarthria <b>2</b> = Severe dysarthria <b>UN</b> =Intubated or other physical barrier, explain			
Extinction & Inattention (neglect)	<b>0</b> = No abnormality <b>1</b> = Visual, tactile, auditory, spatial, or personal inattention <b>2</b> = Profound hemi-inattention/extinction			
<b>Total Score</b>				

<p><b>Nurse Signature</b> _____ <b>Date/Time</b> _____</p> <p><b>Physician Signature</b> _____ <b>Date/Time</b> _____</p>	<p>PATIENT IDENTIFICATION</p> <p>Template</p>
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