



# CINCINNATI PREHOSPITAL STROKE SCALE



UNIFORM DOCUMENT FOR GEORGIA EMS PROVIDERS

<b>DATE:</b>		<b>TIME OF ASSESSMENT:</b>	
<b>ASSESSED BY:</b>		<b>SERVICE:</b>	

<b>NAME OF PATIENT:</b>	
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<b>FACIAL DROOP</b>	
	<b>NORMAL: BOTH SIDES OF FACE MOVE EQUALLY</b>
	<b>ABNORMAL: ONE SIDE OF FACE DOES NOT MOVE AT ALL</b>

<b>ARM DRIFT</b>	
	<b>NORMAL: BOTH ARMS MOVE EQUALLY OR NOT AT ALL</b>
	<b>ABNORMAL: ONE ARM DRIFTS COMPARED TO THE OTHER</b>

<b>SPEECH: HAVE THE PATIENT STATE THE FOLLOWING SENTENCE</b> <b>YOU CAN'T TEACH AN OLD DOG NEW TRICKS.</b>	
	<b>NORMAL: PATIENT USES CORRECT WORD WITH NO SLURRING</b>
	<b>ABNORMAL: SLURRED OR INAPPROPRIATE WORDS OR MUTE</b>