APEX NIH Stroke Scale Group A Patient 1-6

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APEX NIH Stroke Scale Group B Patient 1-6

APEX NIH Stroke Scale Group A Patient 1-6

Patient 1
1a- 0
1b- 0
1c- 0
2- 0
3- 0
4- 1
5a- 3
5b- 0
6a- 1
6b- 0
7- 1
8- 2
9- 0
10- 0
11- 1

Patient 2
1a- 0
1b- 2
1c- 0
2- 0
3- 0
4- 1
5a- 0
5b- 0
6a- 0
6b- 0
7- 0
8- 1
9- 2
10- 1
11- 0

patient 3
1a- 0
1b- 0
1c- 0
2- 0
3- 0
4- 1
5a- 0

5b- 0
6a- 2
6b- 2
7- 0
8- 1
9- 0
10- 1
11- 0

Patient 4
1a- 0
1b- 0
1c- 0
2- 0
3- 0
4- 1
5a- 0
5b- 0
6a- 0
6b- 0
7- 0
8- 1
9- 0
10- 0
11- 0

Patient 5
1a- 0
1b- 1
1c- 0
2- 0
3- 2
4- 2
5a- 4
5b- 0
6a- 1
6b- 0
7- 1
8- 1
9- 1
10- 0
11- 1

Patient 6
1a- 0
1b- 0

1c- 0
2- 0
3- 0
4- 0
5a- 0
5b- 0
6a- 0
6b- 1
7- 0
8- 1
9- 0
10- 0
11- 0

APEX NIH Stroke Scale Group B Patient 1-6

Patient 1
1a- 0
1b- 1
1c- 0
2- 0
3- 0
4- 1
5a- 0
5b- 4
6a- 0
6b- 3
7- 0
8- 1
9- 1
10- 0
11- 1

Patient 2
1a- 0
1b- 1
1c- 0
2- 0
3- 0
4- 1
5a- 0
5b- 0
6a- 0
6b- 2

7- 0
8- 1
9- 0
10- 1
11- 0

patient 3
1a- 0
1b- 1
1c- 0
2- 0
3- 0
4- 3
5a- 0
5b- 0
6a- 0
6b- 0
7- 0
8- 0
9- 0
10- 1
11- 0

Patient 4
1a- 3
1b- 2
1c- 2
2- 2
3- 2
4- 2
5a- 0
5b- 4
6a- 2
6b- 4
7- 0
8- 1
9- 3
10- 2
11- 2

Patient 5
1a- 0
1b- 0
1c- 0
2- 0
3- 0

4- 0
5a- 0
5b- 0
6a- 1
6b- 0
7- 1
8- 1
9- 0
10- 0
11- 1

Patient 6
1a- 0
1b- 0
1c- 0
2- 0
3- 0
4- 0
5a- 0
5b- 0
6a- 0
6b- 1
7- 0
8- 1
9- 0
10- 0
11- 0

NIH Stroke scale (NIHSS)

What NIHSS measures
measures severity of symptoms of stroke

NIHSS areas of assessment
Level of consciousness
Vision
Extraoccular movements
Facial Palsy
Limb strength

Ataxia
Sensation
Speech and language

Grading scale of NIHSS
3 or 4 point scale

Scores range from 0-42
Score of >25
Very severe stroke on NIHSS scale

Score of 15-24
Severe stroke on NIHSS scale

Score of 5-14
Mile to Moderately Severe stroke on NIHSS scale

Score of 1-5
Mild stroke on NIHSS scale

NIHSS STROKE SCALE

common signs of a stroke

•Confusion
•Slurred speech
•Facial droop
•Extremity weakness and/or numbness
•Vision disturbance
•Dysphasia
•Ataxia

FAST
•FAST - rapid identification for lay people
•Does not identify sensory impairment, vertigo or gait changes
-Facial droop
-Arm weakness
-Slurred speech
-Time

ways to assess a stroke

•FAST - rapid identification for lay people
•CPSS, LAPSS, ROSIER - used for prehospital and ER recognition