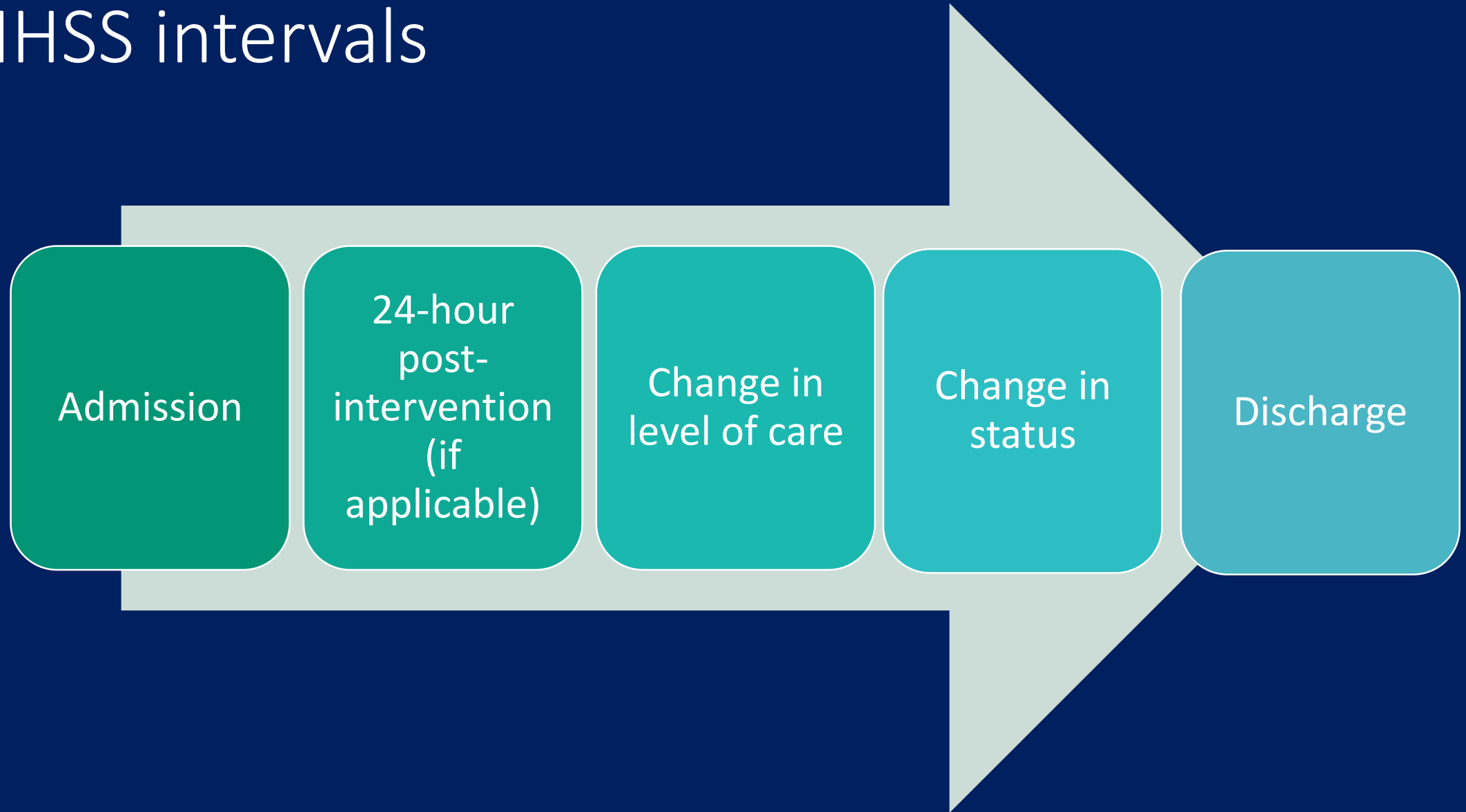


# NIHSS intervals



# NIHSS Tips

Item	Pearls in performing	Score regardless	Aphasic patient	Comatose patient	Intubated patient
<b>1a LOC responsiveness</b>	May use painful stimuli			No response or reflexive to pain: Score =3	Asses LOC if not sedated/paralyzed
<b>1b LOC questions</b>		Dysarthria, language barrier, trauma: Score =1	May write answers or can be given yes/no options No comprehension: Score= 2	Score =2	Score =1
<b>1c LOC commands</b>	May pantomime or substitute 1-step commands	Patients with trauma, amputation, etc, should be given other 1 step commands		Score =2	Assess normally
<b>2 Best gaze</b>	May perform oculocephalic maneuver	Patients with isolated peripheral nerve palsy (CN III, IV, or VI) Score= 1	Establish eye contact and move around the bed	Oculocephalic maneuver	Assess normally
<b>3 Visual</b>		Blindness from any cause: Score= 3	Blink to threat	Blink to threat	
<b>4 Facial palsy</b>	May use painful stimuli or pantomime	Remove physical barriers that obscure face	Pantomime to encourage patient	Check grimace to painful stimuli	
<b>5 Motor arm</b>	May pantomime Palms down Test each arm separately. Beginning with nonparetic arm No score for amputation		Place the patients arm in starting position and encourage using urgency in voice to hold in position	Reflexive posturing: Score= 4	

# NIHSS Tips

Item	Pearls in performing	Score regardless	Aphasic patient	Comatose patient	Intubated patient
<b>6 Motor leg</b>	May pantomime No score for amputation		Place the patient's leg in starting position and encourage to hold in place	Reflexive posturing: Score= 4	
<b>7 Limb ataxia</b>	Test with eyes open No score for amputation	If blind, score from extended finger position to nose If visual field defect, test in intact visual field Hemiplegia: Score= 0	Passively move the limb to show what is expected If cannot understand: Score= 0	Untestable: Score= 0	
<b>8 Sensory</b>	May use painful stimuli Only score sensory loss related to stroke		If patient cannot differentiate pinprick to demonstrate severe/total sensory loss: Score= 0	Score= 2	
<b>9 Best language</b>	Comprehension scored by scoring cards and info obtained in commands in the preceding exam	If visual loss, ask patient to identify objects placed in hand	Patient may write responses	Score= 3	Patient may write responses
<b>10 Dysarthria</b>	May assess with any overt speech during conversation		Read words out loud and attempt to have patient repeat; if no intelligible speech or mute: Score= 2	Score= 2	Untestable: Score= 0
<b>11 Extinction and inattention</b>	Observe for lack of awareness with visual or tactile stimulus	Must score	If patient attends to both sides: Score= 0	Score= 2	