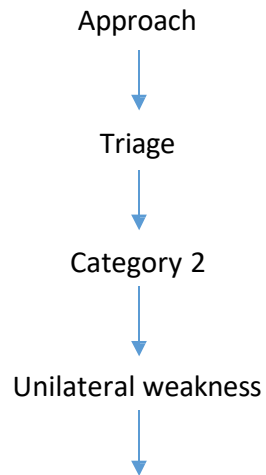
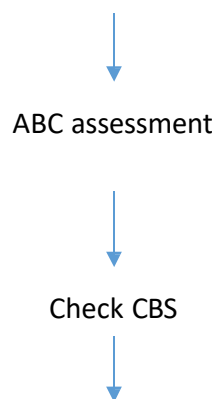


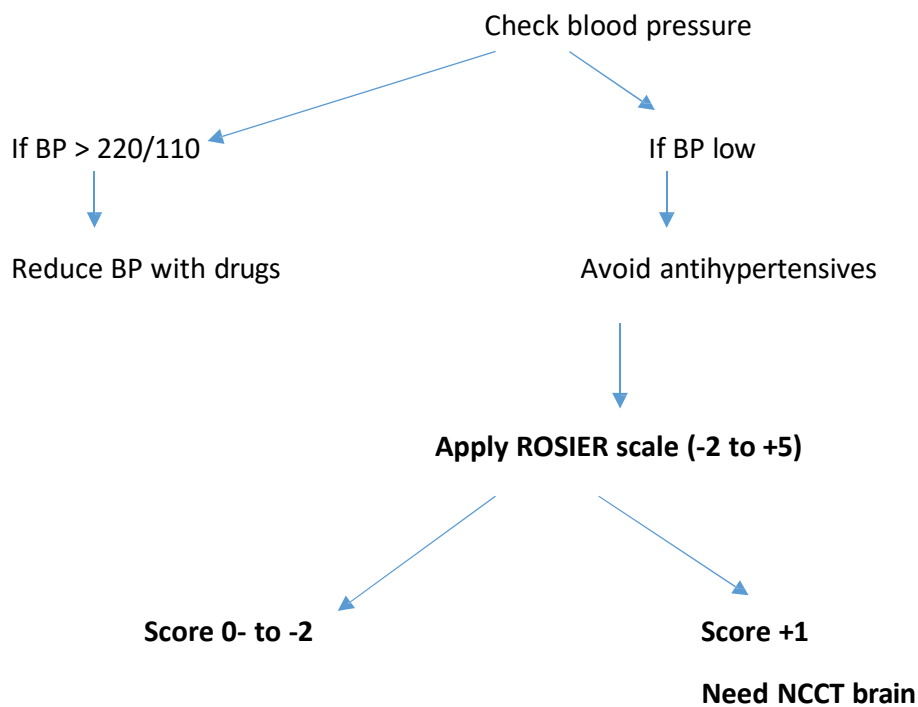
## Weakness and Paralysis workup



**FAST scale** - Face/Arm/Leg weakness and Time

Component	Description
Face	Face numbness or weakness, especially on one side
Arm	Arm numbness or weakness, especially on one side of body
Speech	Slurred speech or difficulty speaking or understanding
Time	Time to call 9-1-1 if these signs occur suddenly or are accompanied by the loss of vision, the loss of balance with dizziness, or the worst headache of your life, with no known cause, both sudden and severe





Has there been loss of consciousness or syncope?

Y (-1) ☐ N (0) ☐

Has there been seizure activity?

Y (-1) ☐ N (0) ☐

Is there a NEW ACUTE onset (or on awakening from sleep)?

I. Asymmetric facial weakness

Y (+1) ☐ N (0) ☐

II. Asymmetric arm weakness

Y (+1) ☐ N (0) ☐

III. Asymmetric leg weakness

Y (+1) ☐ N (0) ☐

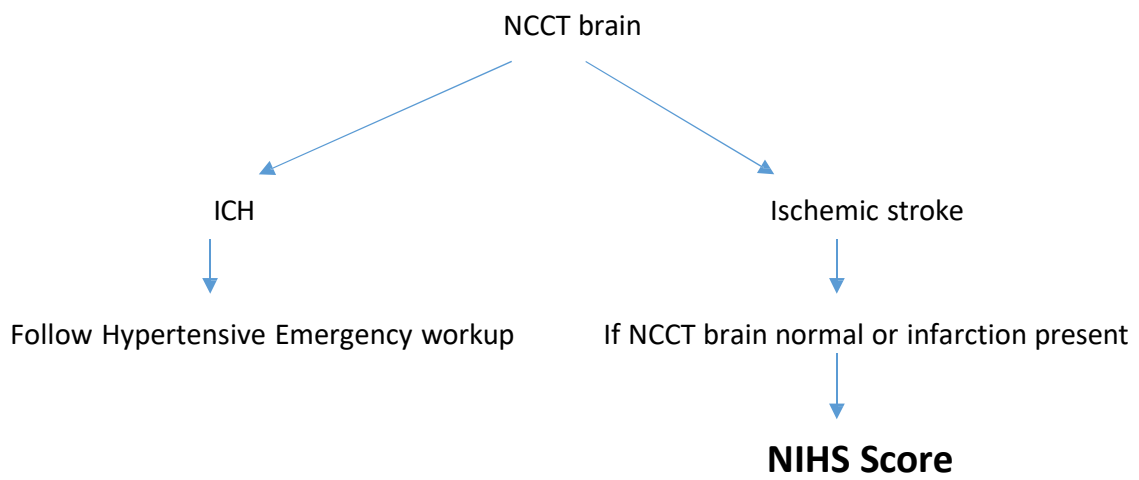
IV. Speech disturbance

Y (+1) ☐ N (0) ☐

V. Visual field defect

Y (+1) ☐ N (0) ☐

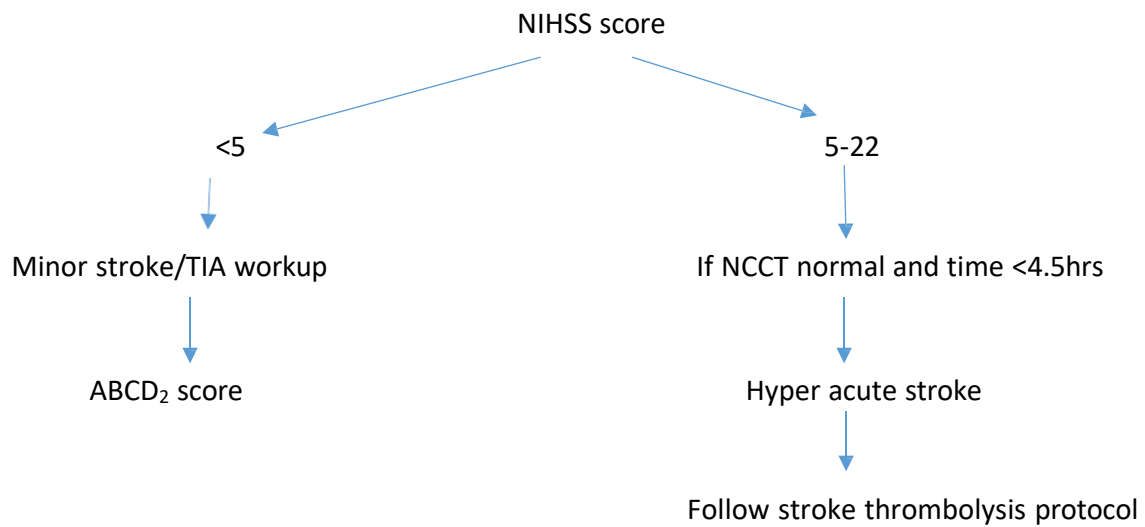
\*Total Score \_\_\_\_\_ (-2 to +5)



NIH Stroke Scale Score	Stroke Severity
0	No stroke symptoms
1-4	Minor stroke
5-15	Moderate stroke
16-20	Moderate to severe stroke
21-42	Severe stroke

Category	Score/Description		Date/Time	Date/Time	Date/Time	Date/Time	Date/Time
			Initials	Initials	Initials	Initials	Initials
1a. Level of Consciousness (Alert, drowsy, etc.)	0 = Alert 1 = Drowsy 2 = Stuporous 3 = Coma						
1b. LOC Questions (Month, age)	0 = Answers both correctly 1 = Answers one correctly 2 = Incorrect						
1c. LOC Commands (Open/close eyes, make fist/let go)	0 = Obeys both correctly 1 = Obeys one correctly 2 = Incorrect						
2. Best Gaze (Eyes open - patient follows examiner's finger or face)	0 = Normal 1 = Partial gaze palsy 2 = Forced deviation						
3. Visual Fields (Introduce visual stimulus/threat to pt's visual field quadrants)	0 = No visual loss 1 = Partial Hemianopia 2 = Complete Hemianopia 3 = Bilateral Hemianopia (Blind)						
4. Facial Paresis (Show teeth, raise eyebrows and squeeze eyes shut)	0 = Normal 1 = Minor 2 = Partial 3 = Complete						
5a. Motor Arm - Left 5b. Motor Arm - Right (Elevate arm to 90° if patient is sitting, 45° if supine)	0 = No drift 1 = Drift 2 = Can't resist gravity 3 = No effort against gravity 4 = No movement X = Untestable (Joint fusion or limb amp)	Left Right					
6a. Motor Leg - Left 6b. Motor Leg - Right (Elevate leg 30° with patient supine)	0 = No drift 1 = Drift 2 = Can't resist gravity 3 = No effort against gravity 4 = No movement X = Untestable (Joint fusion or limb amp)	Left Right					
7. Limb Ataxia (Finger-nose, heel down shin)	0 = No ataxia 1 = Present in one limb 2 = Present in two limbs						
8. Sensory (Pin prick to face, arm, trunk, and leg - compare side to side)	0 = Normal 1 = Partial loss 2 = Severe loss						
9. Best Language (Name item, describe a picture and read sentences)	0 = No aphasia 1 = Mild to moderate aphasia 2 = Severe aphasia 3 = Mute						
10. Dysarthria (Evaluate speech clarity by patient repeating listed words)	0 = Normal articulation 1 = Mild to moderate slurring of words 2 = Near to unintelligible or worse X = Intubated or other physical barrier						
11. Extinction and Inattention (Use information from prior testing to identify neglect or double simultaneous stimuli testing)	0 = No neglect 1 = Partial neglect 2 = Complete neglect						
TOTAL SCORE							
INITIAL	SIGNATURE	INITIAL	SIGNATURE	INITIAL	SIGNATURE		

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	Parameter	Score	Maximum score
A	Age $\geq 60$ years	1	1
B	Blood pressure Systolic $\geq 140$ mm Hg or diastolic $\geq 90$ mm Hg	1	1
C	Clinical Unilateral weakness	2	2
	Speech problem, no weakness	1	
	Any other	0	
D	Duration $\geq 60$ min	2	2
	10–59 min	1	
	$< 10$ min	0	
D	Diabetes Yes	1	1

\*Data derived from Johnston *et al.*<sup>13</sup>  
TIA, transient ischaemic attack.

## Weakness and paralysis

### Indications for admission

1. All TIAs (regardless of ABCD2 score) need admission for urgent evaluation.
2. All haemorrhagic strokes.
3. All ischaemic strokes with residual deficit impairing function; eg:  
residual hemiparesis/swallowing difficulty.
4. All ischaemic strokes needing initiation of anticoagulation/ urgent treatment;  
eg:detection of new AF, polycythaemia.

### Discharge criteria

1. Subacute presentation of ischaemic stroke (>24h) with no disabling neurological deficit and no uncontrolled hypertension, diabetes, new/untreated AF and normal FBC and haematocrit.

May discharge with urgent referral to VPOPD clinic if patient is reliable. (within 48h)