The Stroke Scale is an important tool for stroke evaluation. Stroke Scales help to rapidly identify potential stroke and with prearrival notification for early mobilization of a stroke team. The stroke scale is also a part of the 2013 NH EMS Protocols for Stroke – Adult & Pediatric 2.20.

In 2014, according to TEMSIS data, there were 5,891 patients with stroke-like symptoms but 85% of the stroke scale field was left blank, see Figure 1. Furthermore, there were 2,116 prehospital patients where an impression of stroke or TIA was chosen but the Stroke Scale field was left blank 44% of the time, See Figure 2.

Figure 1 85% of the time there were no stroke scales documented on patients with stroke like symptoms.

Figure 2 The Stroke Scale was left blank for 44% of patients with a Primary Impression of Stroke or TIA.
The Stroke Scale field has been moved up front in the vitals section of your incident report. This should make it easier to remember to check off a Normal, Abnormal or Non-Conclusive Stroke Scale, see Figure 3 below.

**Stroke Field Findings:**

**What does it mean?**

- **Abnormal:** a positive finding in any ONE exam (Facial Droop, Slurred Speech or Arm Drift).
- **Normal:** a negative finding in ALL three criteria.
- **Non-conclusive:** Subtle facial droop, slurred speech or arm drift that may be a pre-existing normal, making a conclusive finding difficult.

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**NH Stroke Protocol 2.20**

In addition to performing a pre-hospital Stroke Scale Exam, the NH EMS Stroke protocol requires for all levels of EMS providers to also obtain a blood glucose.

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**Blood Sugar Documented with Stroke Patients**

- **Not Documented:** 28.29%
- **Documented:** 71.71%