NIHSS – Circle the score for the patient's best effort for each examination item.

1. Level of consciousness				
Alert				0
Not alert but easily rousable				1
Not alert, requires repeated stimulation to arouse				2
Coma (no or reflexive responses only)				3
1b. Ask "What month is it?" "How old are you"				
Answers both correctly			0	
Answers one correctly				1
Answers neither correctly or too dysphasic or stuporous to reply				2
1c. Ask "Open and close your eyes", "Grip and release your hand"				
Performs both correctly			0	
Performs one correctly			1	
Performs neither correctly			2	
2. Best Gaze. Assess horizontal conjugate gaze to each side				
Normal			0	
Partial gaze palsy (can be overcome by turning head)				1
	Forced deviation (both eyes deviated to same side, can't move to opposite side)			
3. Visual. (Assess blink to visual threat if aphasic or stuporous)				
No Visual Loss			0	
Partial hemianopia			1	
Complete hemianopia				2
Bilateral hemianopias/cortical blindness				3
4. Facial paresis. (Assess grimace to pain if aphasic or stuporous)				
Normal symmetrical			0	
Mild weakness (eg asymmetric smile)			1	
Moderate weakness			2	
Paralysis (UMN or LMN)			3	
5/6. Limb <i>voluntary</i> motor function	RUL	RLL	LUL	LLL
Normal	0	0	0	0
Drift	1	1	1	1
Some effort against gravity	2	2	2	2
No effort against gravity	3	3	3	3
No movement (or coma)	4	4	4	4
7. Limb ataxia. Perform FNF and HKS on both sides				
Normal (or too aphasic/stuporous/paralysed to test)				0
Abnormal in 1 limb				1
Abnormal in 2 or more limbs				2
8. Sensation. Test pinprick face, trunk, arm, leg both sides				
Normal				0
Mild to moderate loss			1	
Severe bilateral loss (or coma)			2	
9. Best language output				_
No aphasia				0
Mild to moderate expressive dysphasia			1	
Severe expressive dysphasia			2	
Mute or global aphasia (or coma)			3	
10. Dysarthria				
None				0
Mild-Moderate			1	
Severe (or coma)				2
11. Inattention			_	
No inattention, appreciates bilateral simultaneous stimuli			0	
Inattention to one of : tactile or spatial or sensory				1
Severe inattention to > 1 modality (or coma)				2
·				
TOTAL (score $< 4 \text{ or} > 22 \text{ may exclude patient from treatment})$				

Appendix 2: Inclusion/Exclusion criteria for stroke thrombolysis

INC	LUSION CRITERIA			
	Age >= 18 and reasonable premorbid functional level (Discuss pts < 18y with on call neurology)			
	Confident diagnosis of acute stroke (rapid onset FOCAL neurological deficit)			
	Reliable stroke onset time. If unknown or wakes with stroke, onset is last awake and normal			
	Stroke onset to thrombolysis needle < 4.5 hours. This is unlikely possible if pt arrives after 3.5h. NB: Treatment of elderly patients > 80y with large strokes in the 3-4.5h timeframe is controversial – recommend discuss with on call neurology			
	The patient MUST meet ALL of the above criteria			
	CLUSIONS			
Clini				
	Seizure at stroke <i>onset</i>			
	Comatose/obtunded with fixed eye deviation and complete hemiplegia (eg NIHSS > 22)			
	SBP >= 185 or DBP >= 110 despite up to 2 doses of IV Labetolol 10-20mg			
	Features suggestive of subarachnoid haemorrhage (thunderclap headache) – even if CT normal			
	Minor deficit (NIHSS < 4) (*) or sustained major improvement (consider review in 15-30min)			
	Possible septic embolus			
	Active or recent haemorrhage that could not be managed by local compression (menstruation *)			
Histo	Historical			
	Known bleeding diathesis or LMW heparin < 48h or warfarin with INR > 1.3 (*) or dabigatran (*)			
	Intracranial neoplasm (NB: incidental meningioma or acoustic neuroma may be acceptable)			
	Non-compressible arterial puncture < 7 days			
	GI or GU bleed (other than normal menstruation) < 21 days			
	Major surgery, trauma or organ biopsy < 30 days			
	Pregnancy or childbirth < 30 days			
	Myocardial infarct < 30 days			
	Stroke or head trauma < 3 months			
	Ever history of intracranial haemorrhage, aneurysm or AVM			
Laboratory				
	Baseline glucose < 2.8 or > 22.0 mmol/L			
	Platelets < 100			
	Hct < 0.25			
	Positive pregnancy test (if applicable)			
Radi	ological			
	Non-stroke etiology			
	Intracranial haemorrhage			
	Hypodensity > 1/3 MCA territory			
Othe	Other			
	Consent cannot be obtained (severe dysphasia and NOK unavailable) (*)			
	Severely impaired premorbid functional status with limited life expectancy			
	Should not have any exclusions - items marked (*) may be considered in certain circumstances			