

Cincinnati Prehospital Stroke Scale Scoring

Responder Information

Name:

Date:

Time of Assessment:

Patient Information

Name:

Age:

ID/Case Number:

CPSS Assessment Criteria

Facial Droop

Instructions: Ask the patient to show their teeth or smile.

Normal: Both sides of the face move equally well.

Abnormal: One side of the face does not move as well as the other side.

Arm Drift

Instructions: Ask the patient to close their eyes and extend both arms straight out, palms up, for 10 seconds.

Normal: Both arms move the same or both arms do not move at all.

Abnormal: One arm does not move, or one arm drifts down compared to the other.

Speech

Instructions: Ask the patient to say, "You can't teach an old dog new tricks."

Normal: Patient uses correct words with no slurring.

Abnormal: Patient slurs words, uses inappropriate words, or is unable to speak.

Scoring

Total Number of Abnormal Responses: _____ (Out of 3)

Interpretation

The CPSS score is interpreted as follows:

- 0 Normal Responses: The patient shows no signs of stroke according to the CPSS criteria.
- 1-3 Abnormal Responses: Each abnormal response increases the likelihood of a stroke. A score of 1 or more suggests the need for immediate medical evaluation, as it indicates a possible stroke.

Immediate medical evaluation is recommended for any abnormal findings, emphasizing the urgency of stroke identification and the importance of swift action to facilitate potential treatment options.

Responder's Observations and Actions

Observations:

Immediate Actions Taken:

Recommendations/Notes:

Reference

Hurwitz, A. S., Brice, J. H., Overby, B. A., & Evenson, K. R. (2005). Directed Use of the Cincinnati Prehospital Stroke Scale by Laypersons. *Prehospital Emergency Care*, 9(3), 292–296.
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