

# 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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