Cincinnati Stroke Scale

Patient information	
Name:	
Gender:	
Date of birth:	
Date of assessment:	
Purpose	

The Cincinnati Stroke Scale (CPSS) is a rapid assessment tool used by healthcare professionals and emergency responders to identify potential stroke symptoms in patients. It evaluates three critical neurological functions: facial droop, arm drift, and speech impairment. The presence of abnormalities in any of these areas suggests a high likelihood of stroke and warrants immediate medical intervention.

Instructions

- 1. Perform the three assessment tests as outlined below.
- 2. Follow the step-by-step procedure for each test.
- 3. Mark observations as either "Normal" or "Abnormal."
- 4. If any one of the three tests is abnormal, a stroke should be suspected, and urgent medical attention is required.

Cincinnati Stroke Scale assessment

Test	Procedure	Response	Observation/remarks
Facial droop	Ask the patient to smile or show their teeth while observing their face.	 Normal: Both sides of the face move equally. Abnormal: One side of the face droops or does not move as well as the other. 	
Arm drift	Ask the patient to close their eyes and extend both arms straight out with palms up for about 10 seconds.	Normal: Both arms remain raised equally. Abnormal: One arm drifts downward or is unable to be lifted.	
Speech	Ask the patient to repeat a simple phrase, such as "The sky is blue."	Normal: The patient can clearly repeat the phrase without slurring or errors. Abnormal: Slurred speech, incorrect words, or inability to speak.	

Interpretation

- If any of the three tests show an abnormal response, suspect a stroke and seek emergency medical attention immediately.
- The Cincinnati Stroke Scale is a screening tool and does not confirm a stroke diagnosis. Further medical evaluation is necessary.
- The scale is closely related to the FAST acronym (Face, Arm, Speech, Time) to emphasize the urgency of stroke identification and treatment.

Emergency response		
 Call emergency medical services (EMS) immediately if a stroke is suspected. Note when symptoms first appeared or when the patient was last seen normal. Expedite transport to the nearest stroke center for evaluation and treatment. 		
Additional notes		
Healthcare professional information		
Healthcare professional information Name:	License ID number:	
Signature:	Date of assessment:	

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