

Patient detail

label

ROSIER Scale Stroke Assessment

The aim of this assessment tool is to enable medical and nursing staff to differentiate patients with stroke and stroke mimics

Assessment Date Time

Symptom onset Date Time

GGS E = M = V = **BP** ***BM**

***If BM < 3.5mmol/l treat urgently and reassess once blood glucose normal**

Has there been loss of consciousness or syncope? Y (-1) N (0)

Has there been seizure activity? Y (-1) N (0)

Is there a NEW ACUTE onset (or on awakening from sleep)?

I. Asymmetric facial weakness Y (+1) N (0)

II. Asymmetric arm weakness Y (+1) N (0)

III. Asymmetric leg weakness Y (+1) N (0)

IV. Speech disturbance Y (+1) N (0)

V. Visual field defect Y (+1) N (0)

*Total Score _____ (-2 to +5)

Provisional diagnosis: Stroke Non Stroke (specify) _____

Name of Assessor _____ Designation _____
(please print)

**If score above 0 keep nil orally until water swallow test has been carried out.
HAS THE PATIENT AND/OR RELATIVE BEEN INFORMED**

A&E/ASU - Stroke Instrument Guidelines

1. *If total score > 0 (1 to 5) a diagnosis of acute stroke is likely. If total scores 0, -1 or -2 stroke unlikely but is not excluded and patient should be discussed with the stroke team.
2. Rosier Scale is not suitable for patients with suspected TIA with no neurological signs when seen. Then assess by ABCD2 Score.