

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 < 3.5 mmol/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) _____

*** Stroke is likely if total scores are > 0. Scores of <= 0 have a low possibility of stroke but not completely excluded.**

A&E / EAU Stroke Instrument Guidelines

- If total score > 0 (1 to 6) 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. DECT phone 21616 – Stroke Specialist Nurse 9-5. Medical SpR – Out of hours.
- All patients admitted with a suspected stroke, irrespective of score should be admitted to the Emergency Admissions Unit (EAU) at the RVI. Patients with a score of 0, -1 or -2 should be admitted to the EAU at the RVI.
- If symptom onset within 3 hours and score >0 contact acute stroke team IMMEDIATELY for potential thrombolysis treatment and arrange urgent CT scan. Monday to Friday discuss with Stroke SpR or Consultant. Out of hours contact on call Stroke Consultant.

ABCD² Scale TIA Assessment

The ROSIER scale is not suitable for patients with suspected TIA with no neurological signs when seen. **Please use the ABCD² assessment for patients with suspected TIA. This assessment assists in the identification of patients with a high or low risk of early disabling stroke.**

Please circle the appropriate point on the ABCD² assessment:

<u>A</u> ge is 60 years or older	1 point	
<u>B</u> lood pressure >140/90mmHg	1 point	
<u>C</u> linical features:		
▪ Unilateral weakness	2 points	} Note, maximum score of 2 points
▪ Speech disturbance without weakness	1 point	
▪ Other	0 points	
<u>D</u> uration:		
▪ > 60 mins	2 points	
▪ 10 – 60 mins	1 point	
▪ < 10 mins	0 points	
<u>D</u> iabetes	1 point	
<u>ABCD² Score</u> _____ points (Total score 0-7)		
Note: High risk patients (six to seven points) have an 8.1% two-day recurrent stroke risk.		

High risk TIA patients (scoring 5 or more on ABCD² score) should be:-

- Seen within 24 hours of the event at the TIA clinic (patients referred to the TIA clinic at the RVI need a TIA clinic referral form completed)

or

- Out of hours (e.g. at weekends), contact the on-call Stroke Consultant and admit for review, urgent investigation and initiation of secondary prevention.

Any patient with more than one episode in the last week is at a greater than 30% risk of stroke within a week and should be admitted to EAU for investigation and review by a Consultant Stroke Physician.

This ABCD² scale is not a substitute for a full medical assessment.