RACE STROKE SCALE
RAPID ARTERIAL OCCLUSION EVALUATION

INSTRUCTIONS:
Complete and score the patient in all six areas below. Add all six sections together for a total score. **Score >1 = Likely Stroke.   Score >5 = Likely a Large Vessel Occlusion Stroke.**

FACIAL PALSY	a loss of facial movement	SCORE
NONE PRESENT………………………………………....	0	
MILD (Some facial movement)…………………………………	1	
MODERATE (Little or no facial movement)……………………..	2	

ARM MOTOR FUNCTION		SCORE
NORMAL TO MILD (Able to lift arm and hold up for 10 sec)…..	0	
MODERATE (Able to lift arm but unable to hold up for 10 sec)…	1	
SEVERE (Unable to lift arm)………………………………..	2	

LEG MOTOR FUNCTION		SCORE
NORMAL TO MILD (Able to lift leg and hold up for 5 sec)……..	0	
MODERATE (Able to lift leg but unable to hold up for 5 sec)……	1	
SEVERE (Unable to lift leg)………………………………..	2	

HEAD AND GAZE DEVIATION		SCORE
if patient's head or eyes are towards one side, ask them to look towards the other side		
ABSENT……………………………………………...……	0	
PRESENT (Unable to shift gaze past midline)…………………..	1	

APHASIA	unable to say or hear words correctly	SCORE
if **right** sided deficit is found, check for aphasia by asking the patient to close their eyes and make a fist		
PERFORMS BOTH TASKS CORRECTLY…………………….	0	
PERFORMS ONE TASK CORRECTLY…………….........……	1	
PERFORMS NEITHER TASK………………………………..	2	

AGNOSIA	inability to process sensory information	SCORE
if **left** sided deficit is found, check for agnosia by touching the patient on the arm and asking them "whose arm is this?". Then ask the patient to raise both hands and clap		
RECOGNIZES ARM……………………………………....	0	
DOES NOT RECOGNIZE ARM OR THE IMPAIRMENT.......	1	
DOES NOT RECOGNIZE ARM NOR THE IMPAIRMENT….	2	

1.9 **MILLION** Brain cells **DIE** every minute that a stroke goes untreated

7.5 **MILES** of myelinated-fibers **DIE** every minute that a stroke goes untreated

14 **BILLION** synapses **DIE** every minute that a stroke goes untreated

TIME LAST KNOWN NORMAL

TOTAL SCORE

Score >1 Likely Stroke

Score >5 Likely Large Vessel Occlusion Stroke

	Y	N
RACE CALLED TO ER	☐	☐
STROKE CODE ACTIVATED	☐	☐

_____
PATIENT'S NAME

_____
RACE COMPLETED BY

_____   _____
DATE   **TIME**