Stroke Aide Memoire

FAST TEST

Face – any droop or weakness

Arms - weakness, drifting when eyes closed

Speech – slurring, incorrect words, loss of speech

Time – when was the onset? (<4hrs = 999)

DANISH TEST (for cerebellar stroke)

Dysdiadochokinesis – fast flappy fish hands OK?

Ataxia – balance and gait, writing, new sensory issues with speech or vision?

Nystagmus – any eye flickering at edges of movement

Intention Tremor – point to an outstretched finger

Scanning Dysarthia – is speech pattern odd, over-pronouncing each syllable words broken?

Heel to Shin Test – Supine pt places heel below other knee, runs heel up and down leg 10x. Any problems can show ataxia.

AVVV TEST (WMAS use for cerebellar stroke)

*Ataxia

*Visual Field Deficits – wiggling hands test

Vertigo – any dizziness, spinning

Vomiting – or nausea

*One of these must be present for AVVV+

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Cranial Nerve Aide Memoire

Olfactory – any change of smell?

Optic – Wiggle finger at peripheries of view to test visual field changes. Any change in vision?

Oculomotor, Trochlear and Abducens – Draw a large H for the patient to follow with their eyes. Any double vision? PERL? Pupils shrink as a finger approaches their face? Nystagmus? Lazy eyelid?

Trigeminal – Light touch the forehead, cheek & chin (don't stroke). Tense jaw – masseters clench?

Facial – Raise eyebrows. Frown. Squeeze eyes shut. Smile. Puff out cheeks. Show teeth.

Vestibulocochlear – Hearing OK and normal both sides?

Glossopharyngeal and Vagus – Say "KA" and "GO". Does uvula rise on "ahhh". Any swallowing issues?

Accessory – Shrug shoulders. Turn head left and right.

Hypoglossal – Stick tongue out, move it side to side.

A cranial nerve assessment can help indicate any neuro deficit before it become apparent in other ways – it can be a useful early intervention tool

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