1	Pediatric National Institutes of Health Stroke S	cale (PedNIH	SS)			
	Time of exam from last known well	Presentation	Post-Imaging	Follow up	Follow up	Discharge
1a Level	of Consciousness	(60 min)	(2 hr)	(24 hr)	(2d days)	(38 days)
	Alert; keenly responsive					
1	Not alert; but arousable by minor stimulation to obey, answer, or respond					
2	Not alert; requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements (not stereotyped)	2	2	1	1	0
3	Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, and areflexic					
	Questions	1				
0	Answers both guestions correctly Answers one guestion correctly	0	0	0	0	0
2	Answers neither question correctly	Ŭ	9	•	Ũ	,
	Commands					
0	Performs both tasks correctly Performs one task correctly	0	0	0	0	0
2	Performs neither task correctly	Ŭ	0	0	Ū	0
2 Best G						
0	Normal Partial gaze is abnormal in one or both eyes, but forced deviation or total gaze paresis is not present	1	1	0	0	0
2	Forced gaze or total gaze paresis not overcome by the oculocephalic maneuver	1 '	I	0	0	0
3 Visual						
0	No visual loss	1	1	0	0	0
2	Complete hemianopia Bilateral hemianopia (blind not including cortical blindness)	· ·	I	0	0	0
4 Facial I	Palsy	-				
0	Normal symmetrical movements	-				
1 2	Minor paralysis (flattened nasolabial fold, asymmetry on smiling) Partial paralysis (total or near-total paralysis of lower face)	2	2	2	2	1
3	Complete paralysis of one or both sides (absence of facial movement in the upper and lower face)	1				
	Arm Left			- -		
0	No drift; limb holds 90 (or 45) degrees for full 10 seconds					
1	Drift; limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support Some effort against gravity; limb cannot get to or maintain (if cued) 90 (or 45) degrees, drifts down to bed, but					
2	has some effort against gravity	2	4	3	3	2
3	No effort against gravity; limb falls					
4 UN	No movement Amputation or joint fusion	-				
	Arm Right			-		
0	No drift; limb holds 90 (or 45) degrees for full 10 seconds					
1	Drift; limb holds 90 (or 45) degrees, but drifts down before full 10 seconds; does not hit bed or other support Some effort against gravity; limb cannot get to or maintain (if cued) 90 (or 45) degrees, drifts down to bed, but					
2	has some effort against gravity and cannot get to or maintain in cueu) so (or 45) degrees, drifts down to bed, but	1	1	1	1	0
3	No effort against gravity; limb falls					-
4 UN	No movement					
6a Motor	Amputation or joint fusion					
0	No drift; leg holds 30 degrees position for full 5 seconds					
1	Drift; leg falls by the end of the 5-second period but does not hit bed					
2	Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity No effort against gravity; leg falls to bed immediately	2	2	1	1	0
4	No movement					
UN	Amputation or joint fusion					
	Leg Right	-		-	1	
0	No drift; leg holds 30 degrees position for full 5 seconds Drift; leg falls by the end of the 5-second period but does not hit bed					
2	Some effort against gravity; leg falls to bed by 5 seconds, but has some effort against gravity	0	1	1	1	0
3	No effort against gravity; leg falls to bed immediately		1	1	'	0
4 UN	No movement Amputation or joint fusion	-				
7 Limb A						
0	Absent					
1 2	Present in one limb Present in two limbs	0	0	0	0	0
UN 2	Amputation or joint fusion	1				
8 Sensor	у	-				
0	Normal; no sensory loss					
1	Mild to moderate sensory loss; patient feels pinprick is less sharp or is dull on the affected side; or there is a loss of superficial pain with pinprick, but patient is aware of being touched	0	0	0	0	1
2	Severe to total sensory loss; patient is not aware of being touched in the face, arm, and leg					
9 Best La	anguage				-	
0	No aphasia; normal	4				
	Mild to moderate aphasia; some obvious loss of fluency or facility of comprehension, without significant					
1	limitation on ideas expressed or form of expression. Reduction of speech and/or comprehension, however,					_
	makes conversation about provided material difficult or impossible.	1	1	1	1	0
┝──┤						
2	Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of					
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3 10 Dysar 0 1	Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response Mute, global aphasia; no usable speech or auditory comprehension thria Normal Mild to moderate dysarthria; patient slurs at least some words and, at worst, can be understood with some difficulty	1	1	1	1	1
3 10 Dysar 0	Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response Mute, global aphasia; no usable speech or auditory comprehension thria Normal Mild to moderate dysarthria; patient slurs at least some words and, at worst, can be understood with some	1	1	1	1	1
3 10 Dysar 0 1 2 UN	Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response Mute, global aphasia; no usable speech or auditory comprehension thria Normal Mild to moderate dysarthria; patient slurs at least some words and, at worst, can be understood with some difficulty Severe dysarthria; patient's speech is so slurred as to be unintelligible in the absence of or out of proportion to any dysphasia, or is mute/anarthric Intubated or other physical barrier	1	1	1	1	1
3 10 Dysar 0 1 2 UN 11 Extinc	Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response Mute, global aphasia; no usable speech or auditory comprehension thria Normal Mild to moderate dysarthria; patient slurs at least some words and, at worst, can be understood with some difficulty Severe dysarthria; patient's speech is so slurred as to be unintelligible in the absence of or out of proportion to any dysphasia, or is mute/anarthric Intubated or other physical barrier tion and Inattention (formerly Neglect)	1	1	1	1	1
3 10 Dysar 0 1 2 UN	Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response Mute, global aphasia; no usable speech or auditory comprehension thria Normal Mild to moderate dysarthria; patient slurs at least some words and, at worst, can be understood with some difficulty Severe dysarthria; patient's speech is so slurred as to be unintelligible in the absence of or out of proportion to any dysphasia, or is mute/anarthric Intubated or other physical barrier tion and Inattention (formerly Neglect) No abnormality					
3 10 Dysar 0 1 2 UN 11 Extinc	Severe aphasia; all communication is through fragmentary expression; great need for inference, questioning, and guessing by the listener. Range of information that can be exchanged is limited; listener carries burden of communication. Examiner cannot identify materials provided from patient response Mute, global aphasia; no usable speech or auditory comprehension thria Normal Mild to moderate dysarthria; patient slurs at least some words and, at worst, can be understood with some difficulty Severe dysarthria; patient's speech is so slurred as to be unintelligible in the absence of or out of proportion to any dysphasia, or is mute/anarthric Intubated or other physical barrier tion and Inattention (formerly Neglect)	1	1	1	1	1

2	Profound hemi-inattention/extinction to more than one modality; does not recognize own hand or orients to only one side of space					
	Total Score	13	16	11	11	5

Table 1. Pediatric National Institutes of Health Pediatric Stroke Scale (PedNIHSS) scores at presentation and select pointsfollowing acute treatment with TNK and Thrombectomy. Times are designated as time from last known well. Patient had presentingstroke score of 13 at 60 minutes from last known well, most notable for altered mental status, left sided facial droop, and left sidedextremity weakness congruent with right MCA territory infarction. She had mild worsening over the next hour while undergoinginitial stroke evaluation. PedNIHSS was slightly improved at 24 hours and remained stable at 2 days. Following inpatientrehabilitation, patient had significant improvement and was discharged with PedNIHSS of 5 for mild left facial droop, left upperextremity weakness, and mild sensory deficit.