# Rapid Arterial oCclusion Evaluation Scale (RACE)

## Stroke Severity Scale

| Item | Instruction | Result | Score |
|---|---|---|---|
| **Facial Palsy** | *Ask the patient to show their teeth* | Absent | **0** |
| | | Mild (slightly asymmetrical) | **1** |
| | | Moderate to severe (completely asymmetrical) | **2** |
| **Arm Motor Function** | *Extending the arm of the patient 90° (if sitting) or 45° (if supine)* | Normal to Mild (limb upheld more than 10 sec) | **0** |
| | | Moderate (limb upheld less than 10 sec) | **1** |
| | | Severe (patient unable to raise arm against gravity) | **2** |
| **Leg Motor Function** | *Extending the leg of the patient 30° (if supine)* | Normal to Mild (limb upheld more than 5 sec) | **0** |
| | | Moderate (limb upheld less than 5 sec) | **1** |
| | | Severe (patient unable to raise leg against gravity) | **2** |
| **Head & Gaze Deviation** | *Observe eyes and head deviation to one side* | Absent (eye movements to both sides were possible and no head deviation was observed) | **0** |
| | | Present (eyes and head deviation to one side was observed) | **1** |
| **Aphasia** <br><br> **(R side hemiparesis)** | *Ask patient to follow two simple commands:* <br> *1. Close your eyes* <br> *2. Make a fist* | Normal (performs both tasks requested correctly) | **0** |
| | | Moderate (performs only 1 of 2 tasks requested correctly) | **1** |
| | | Severe (cannot perform either task requested correctly) | **2** |
| **Agnosia** <br><br> **(L side hemiparesis)** | *Ask patient:* <br> *1. "Whose arm is this?" (while showing the affected arm)* <br> *2. "Can you move your arm?"* | Normal (recognizes arm, and attempts to move arm) | **0** |
| | | Moderate (does not recognize arm or is unaware of arm) | **1** |
| | | Severe (does not recognize arm and is unaware of arm) | **2** |
| **Any score ≥5 is a high likelihood of a Large Vessel Occlusion (LVO)** | | | |

# Field Assessment Stroke Triage for Emergency Destination (FAST-ED)

## Stroke Severity Scale

| Item | Instruction | Result | FAST-ED Score |
|---|---|---|---|
| **Facial Palsy** | *Ask the patient to show their teeth or gums* | Normal or minor paralysis | **0** |
| | | Partial or complete paralysis | **1** |
| **Arm Weakness** | *Ask the patient to close eyes & hold both arms out with palms up for 10 seconds* | No drift in 10 seconds or both arms slowly drift down | **0** |
| | | One arm drifts down in <10 sec but has antigravity strength | **1** |
| | | No effort against gravity or no movement in 10 sec | **2** |
| **Speech Output** | *Check speech content and ask patient to name 3 common items* | Speech content normal AND names 2-3 items correctly (if speech is slurred but makes sense and naming is correct score as normal) | **0** |
| | | Speech content clearly abnormal OR names only 0-1 items correctly | **1** |
| **Speech Comprehension** | *Ask the patient to "show me two fingers"* | Patient shows two fingers | **0** |
| | | Patient cannot understand/does not show two fingers | **1** |
| **Eye Deviation** | *Ask the patient to follow your fingers while holding their head still* | Absent | **0** |
| | | Partial | **1** |
| | | Forced Deviation | **2** |
| **Denial/Neglect** | *Ask the patient: "Are you weak anywhere?"* | Normal: The patient recognizes he/she is weak | **0** |
| | | Abnormal: The patient is weak but does NOT recognize he/she is weak | **1** |
| **Denial/Neglect** | *While holding the patient's weak arm, ask the patient: "Whose arm is this?"* | Normal: patient recognizes the weak arm belongs to himself/herself | **0** |
| | | Abnormal: The patient does NOT recognize the weak arms belongs to himself/herself | **1** |
| **Any score ≥4 is a high likelihood of a Large Vessel Occlusion (LVO)** | | | |