• Q: When reviewing a patient’s medical record and there are missing items can the information be combined from the various sections of the EMR (e.g., notes from ED exam, admission history) to derive the NIHSS?
  A: Yes

• Q: Clinical notes from different clinicians at approximately the same time (within 10-15 minutes) – Does a MD’s notes confer more weight than a RN’s notes if both are sufficiently documented?
  A: I would tend to rely more on MD notes than RN.

• Q: For facial palsy, the trainer says to score “marked” or “severe” facial droop as a 3, but the paper algorithm indicates “severe” should be a 2 (see 11:30 in video). The wording on the algorithm reads “score 2 if no qualifier or qualified as moderate or severe”. Later in the webinar, “marked” facial droop is scored as a 3, then “severe” facial droop is scored as a 2 (see 19:55 and 22:30, respectively). Please clarify.
  A: Go with the algorithm and not the trainer.

• Q: Are prior stroke deficits included when scoring NIHSS? For example, patient came in for language changes only, but had left side hemiparalysis from a prior stroke. Would this hemiparalysis be included for the current strokes NIH Stroke Scale?
  A: Yes, all deficits need to be included in the NIHSS, whether new or old.