How to assess conscious level using the Glasgow Coma Scale

Remember to complete a full set of observations on the general observation chart
Chart the best response
Has the patient a speech or hearing impediment, or language difficulty? If yes, what alternative means of communication is used when assessing verbal response?
Has the patient a pre-existing hemiplegia or spinal paralysis? If yes, assess motor response on the non-affected part of the body
Has the patient a diagnosis of dementia? Yes/No
Has the patient a pre-existing eye problem or are they receiving medication that affects pupil size and response?
In the event of a deterioration, a 2nd member of staff should repeat the observations to confirm GCS score prior to informing the doctor

Use a number to chart response	Date																									
	Time																									
Eyes Opening **C=eyes closed by swelling** **Use touch if patient is blind** **Pain stimulus = supra orbital notch**	Spontaneously	4																								
	To speech	3																								
	To pain	2																								
	None	1																								
Verbal response **D=dysphasic** **T=endotracheal tube or tracheostomy**	Orientated	5																								
	Confused	4																								
	Inappropriate words	3																								
	Incomprehensible sounds	2																								
	None	1																								
Motor Response **Record the best response**	Obeys Commands	6																								
	Localises to pain	5																								
	Withdraws from pain	4																								
	Abnormal flexion	3																								
	Extension to pain	2																								
	None	1																								
Total Score																										

Pupils + reacts to light - no reaction to light C = eye closed F = false eye S = Previous eye surgery	Right	Size (mm)																								
		Reaction																								
	Left	Size (mm)																								
		Reaction																								

LIMB MOVEMENT **Record right (R) and left (L) separately if there is a difference between the two sides**	Arms	Normal power																								
		Mild weakness																								
		Severe weakness																								
		Spastic flexion																								
		Extension																								
		No response																								
	Legs	Normal power																								
		Mild weakness																								
		Severe weakness																								
		Spastic flexion																								
		Extension																								
		No response																								
Do you need to escalate? Yes/No																										
Initials																										
Band																										

SURNAME: **FORENAME(s)**

Hospital No: Date of Birth:

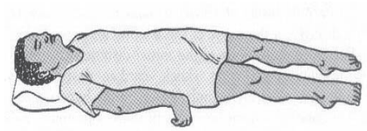
NHS NO:

Pupil size

1 2 3 4 5 6 7 8

Posturing

Abnormal flexion (decorticate regidity)



Extension posturing (decerebrate regidity)

Reason for neurological observations

- ☐ Actual or suspected head injury
- ☐ Carotid endarterectomy
- ☐ Stroke
- ☐ Other .....

Frequency of observations:

Actual or suspected Head injury
-½ hourly for 2 hours
-1 hourly for 4 hours
-2 hourly for 6 hours and thereafter until a doctor has reviewed patient **and** documented they are no longer required

Carotid Endarterectomy
-1/4 hourly for 4 hours
-1/2 hourly for 4 hours
-1 hourly for 4 hours
-then as condition dictates

Ischaemic stroke/Intra-cerebral haemorrhage
-1/2 hourly for 2 hours
-1 hourly for 2 hours
-4 hourly for 72 hours

Posterior fossa haemorrhage
-1/2 hourly for 2 hours
-1 hourly for 72 hours
-4 hourly for 96 hours

Stroke thrombolysis
-1/4 hourly for 2 hours
-1/2 hourly for 4 hours
-1 hourly for 18 hours
-4 hourly for 72 hours

If GCS drops resume initial frequency of observations and follow escalation process on reverse

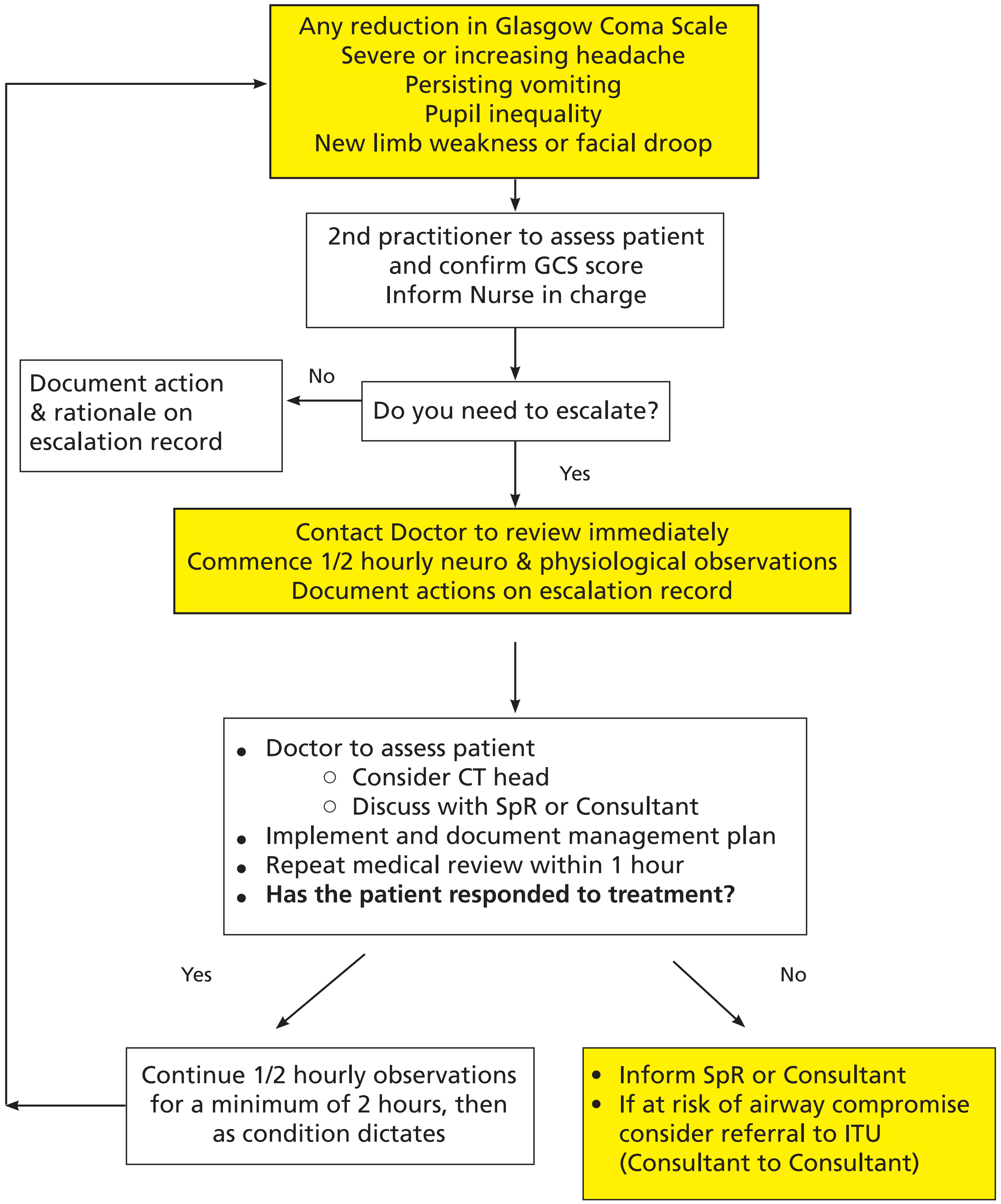
Neurological Observation Chart

When applicable turn over and complete escalation grid

Salisbury NHS
NHS Foundation Trust

OF10378 lgd

Escalation Process



Consider, and act, on the following -
- Hypoxia - ABG
- Hypercapnoea - ABG
- Hypotension - IV access
- Arrhythmia - 12 lead ECG
- Hypo/hyperglycaemia - Blood sugar
- Electrolyte imbalance
- Medication side effects
- Sepsis - full septic screen

For transfer to CT organise:
- Monitoring equipment
- Registered nurse to escort patient

Escalation Record

Date	Time	GCS	Action Taken And Rationale	Signature & Grade