



Clinical Practice Procedures: Assessment/Glasgow Coma Scale

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Purpose	To ensure a consistent procedural approach to determining the Glasgow Coma Scale.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Glasgow Coma Scale

February, 2021

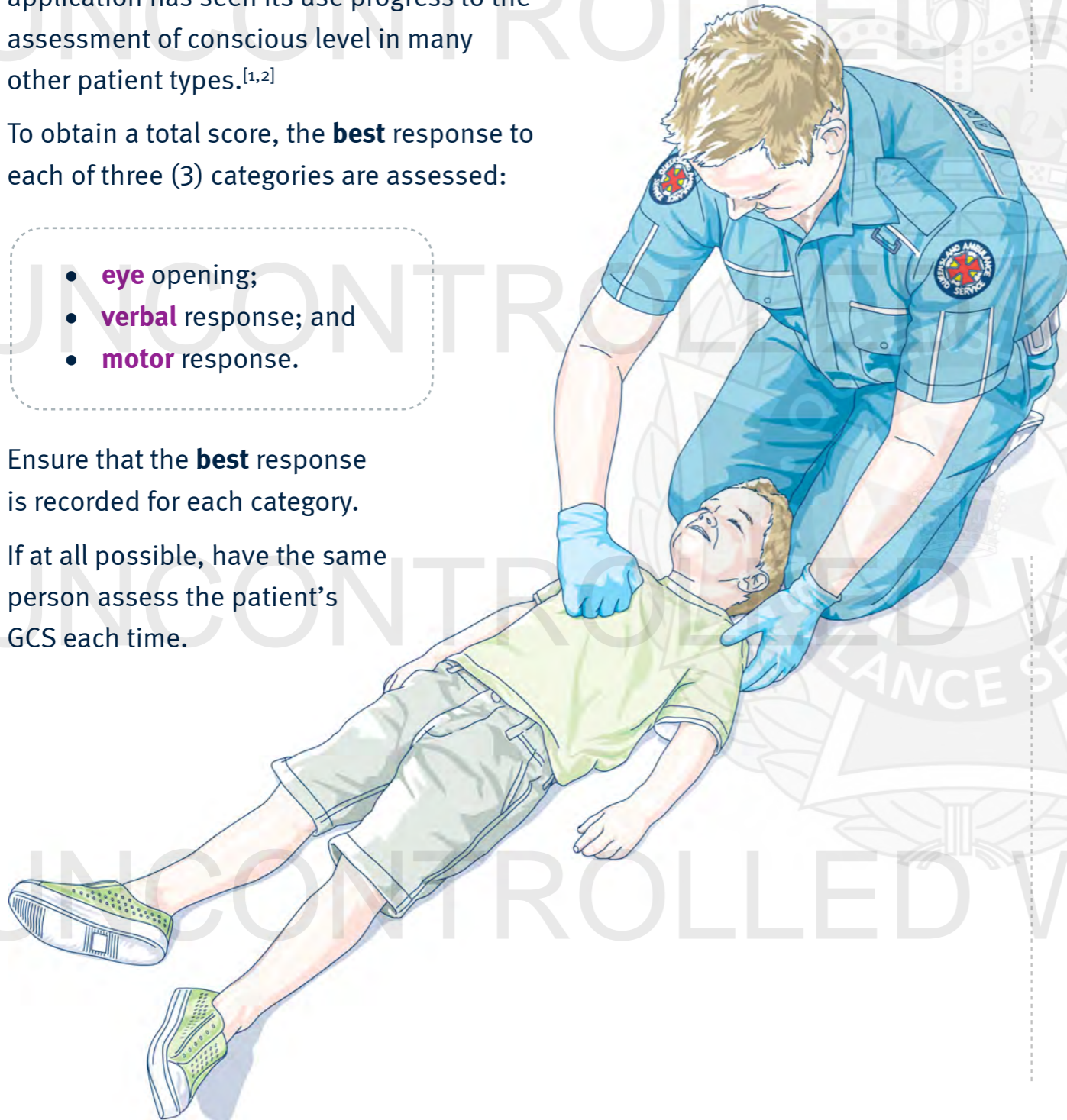
The **Glasgow Coma Scale (GCS)** was first introduced in 1974 as a measure of conscious level in the setting of traumatic brain injury. Its ease of application has seen its use progress to the assessment of conscious level in many other patient types.^[1,2]

To obtain a total score, the **best** response to each of three (3) categories are assessed:

- **eye** opening;
- **verbal** response; and
- **motor** response.

Ensure that the **best** response is recorded for each category.

If at all possible, have the same person assess the patient's GCS each time.



Indications



- The assessment of a patient's conscious state.

Contraindications



- GCS is not applied to the newborn as the APGAR score is used in this patient group.

Complications



- As GCS was developed for the assessment of traumatic brain injury, its adaptation to other patient groups can sometimes present limitations.^[3,4] Clinicians must use their clinical judgement to provide an accurate assessment of conscious state.
- A modified GCS is required for paediatric patient.
- The application of a painful stimulus by a clinician during the assessment of an intoxicated patient has the propensity to elicit a violent response and should be minimised.
- Repeat application of painful stimuli is rarely required.

Procedure – Glasgow Coma Scale

GLASGOW COMA SCALE			
Infant		Child/Adult	
Eye opening			
Spontaneous	4	Spontaneous	4
Reacts to speech	3	Reacts to speech	3
Reacts to pain	2	Reacts to pain	2
No response	1	No response	1
Best verbal response			
Babbles, follows objects	5	Orientated	5
Irritable, cries	4	Confused	4
Cries to pain	3	Inappropriate words	3
Moans and grunts	2	Incomprehensible	2
No response	1	No response	1
Best motor response			
Spontaneous	6	Obeys commands	6
Localised to pain	5	Localised to pain	5
Withdraws from pain	4	Withdraws from pain	4
Flexion response	3	Flexion response	3
Extension response	2	Extension response	2
No response	1	No response	1

- Using the table provided, assign the patient a score 3–15 for each of the three criteria. Add all individual scores to calculate a total GCS (3–15).^[5]

Additional information

- Where a central painful stimuli is applied observation of which side of the body responds may be clinically significant.
- Unless the GCS is 3 or 15, individual scores for verbal, eye opening and motor responses should be reported in handover and other communications.
- The GCS is a component of a broader Neurological Status Assessment.
- When applying painful stimuli, always use the **least amount necessary** to elicit a response. A central painful stimulus is recommended to elicit an appropriate reflex response.^[6]