

Glasgow Coma Scale (GCS) Assessment

PATIENT INFORMATION

Patient Name: _____ Patient ID: _____

Date of Assessment: _____ dd / mm / yyyy Time of Assessment: _____

Assessed By (Clinician Initials): _____

EYE OPENING RESPONSE (SCORE 1-4)

Eye Opening Response

4 – Spontaneously
 3 – To verbal command
 2 – To pain stimulus
 1 – Does not open eyes

Factors affecting eye opening score (e.g. eye swelling, sedation, local injury)

VERBAL RESPONSE (SCORE 1-5)

Verbal Response

- 5 – Oriented and converses coherently
 4 – Confused but talkable
 3 – Inappropriate words or phrases
 2 – Incomprehensible sounds
 1 – No verbal response

Factors affecting verbal score (e.g. language barriers, intubation, tracheostomy)

MOTOR RESPONSE (SCORE 1-6)

Motor Response

- 6 – Obeying commands
 5 – Localising to pain
 4 – Withdrawing from pain
 3 – Abnormal flexion or decorticate posture
 2 – Abnormal extension or decerebrate posture
 1 – No motor response

TOTAL GCS SCORE AND SEVERITY INTERPRETATION

Eye Opening Score: _____ Verbal Response Score: _____

Motor Response Score: _____ Total GCS Score (minimum 3, maximum 15): _____

Severity Range

3-8: Severe head injury or profound unconsciousness
 9-13: Moderate impairment
 14-15: Minor

Note: A GCS of 15 does not guarantee intact cognition; altered cognitive function can persist despite a maximum motor and speech score.

CLINICAL CONTEXT AND TRENDING

Factors affecting reliability of assessment

Neurological trend (if serial assessments are being performed)

Improving Declining Stable

Additional clinical notes

CLINICIAN SIGNATURE

Clinician Signature

Date: _____ dd / mm / yyyy