

Appendix C

Glasgow Coma Scale

Adults

The Glasgow Coma Scale is scored between 3 and 15, 3 being the worst and 15 the best.

It is composed of three parameters: Best Eye Response, Best Verbal Response and Best Motor Response. The definition of these parameters is given below.

BEST EYE RESPONSE (4)	BEST VERBAL RESPONSE (5)	BEST MOTOR RESPONSE (6)
<ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously 	<ol style="list-style-type: none"> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated 	<ol style="list-style-type: none"> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys commands

Paediatric version

The paediatric version of the Glasgow Coma Scale is scored between 3 and 15, 3 being the worst and 15 the best. It is composed of three parameters: Best Eye Response, Best Verbal Response or Best Grimace Response, and Best Motor Response. The definition of these parameters is given below.

BEST EYE RESPONSE (4)	BEST VERBAL RESPONSE (5)	BEST GRIMACE RESPONSE (5)	BEST MOTOR RESPONSE (6)
<ol style="list-style-type: none"> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously 	<ol style="list-style-type: none"> 1. No vocal response 2. Occasionally whimpers and/or moans 3. Cries inappropriately 4. Less than usual ability and/or spontaneous irritable cry 5. Alert, babbles, coos, words or sentences to usual ability <p>Communication with the infant's or child's caregivers is required to establish the best usual verbal response</p>	<p>A 'grimace' alternative to verbal responses should be used in those infants or children who are pre-verbal or intubated.</p> <ol style="list-style-type: none"> 1. No response to pain 2. Mild grimace to pain 3. Vigorous grimace to pain 4. Less than usual spontaneous ability or only responds to touch stimuli 5. Spontaneous normal facial/oro-motor activity 	<ol style="list-style-type: none"> 1. No motor response to pain 2. Abnormal extension to pain (decerebrate) 3. Abnormal flexion to pain (decorticate) 4. Withdrawal to painful stimuli 5. Localises to painful stimuli or withdraws to touch 6. Obeys commands or performs normal spontaneous movements

Note: This appendix is included in the full guideline and online at www.nzgg.org. It may be reproduced for clinical use.