

NEUROLOGICAL OBSERVATIONS

Unit Record Number:

--	--	--	--	--	--	--	--	--	--

Family Name: _____

Given Names: _____

Date of Birth:

--	--	--	--	--	--	--	--	--	--

Age:

--	--	--	--	--	--

Sex:

Room No:

--	--	--	--	--	--

GLASCOW COMA SCALE (GCS)

OR USE LABEL

DATE: _____

TIME: _____

 24 HR
CLOCK

EYES OPEN EYES CLOSED BY SPONTANEOUSLY EYES CLOSED BY SPONTANEOUSLY BEST VERBAL RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE BEST MOTOR RESPONSE	SPONTANEOUSLY	4
	TO SPEECH/NAME	5
	TO PAIN	2
	MOVING	1
	ORIENTED	5
	CONFUSED	4
	INAPPROPRIATE	3
	INCOHERENT	2
	NONE	1
	OBEY COMMAND	5
	LOCALISE PAIN	5
	WITHDRAWS	4
	ABNORMAL FLEXION	3
	EXTENSION	2
NONE	1	

CIRCLE SIZE INDICATES # x L

• 1	210
• 2	200
• 3	190
• 4	180
• 5	170
• 6	160
• 7	150
• 8	140
• 9	130
• 10	120
• 11	110
• 12	100
• 13	90
• 14	80
• 15	75
• 16	70
• 17	65
• 18	60
• 19	55
• 20	50
• 21	45
• 22	40
• 23	35
• 24	30
• 25	25
• 26	20
• 27	15
• 28	10

PUPIL SCALE (mm)

PUPILS + REACTS S SLUGGISH - NO RESPONSE C EYE CLOSED	RIGHT	SIZE	REACTION
	LEFT	SIZE	REACTION
RECORDING RIGHT (R) AND LEFT (L) SEPARATELY IF THERE IS A DIFFERENCE BETWEEN SIDES	A R M S	NORMAL POWER	
		MILD WEAKNESS	
		MOD. WEAKNESS	
		SEVERE WEAKNESS	
		FLEXION TO PAIN	
USE A DOT IF SIGAL	L E F T S	EXTENSION TO PAIN	
		NO RESPONSE	
		NORMAL POWER	
		MILD WEAKNESS	
		MOD. WEAKNESS	
SEVERE WEAKNESS			
FLEXION TO PAIN			
EXTENSION TO PAIN			
NO RESPONSE			

* ADDITIONAL OBSERVATION RECORDED OVERLEAF

NEUROLOGICAL OBSERVATIONS

MR/189

JAN 2005

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