PATIENT NAME:	HOSPITAL NO:	DATE:	DATE OF BIRTH:

			TIME																							TIME
COMA SCALE	Eye opening (E)	Spontaneous	4																							Eyes closed by swelling = C
		To sound	3																							
		To pressure	2																							
		None	1																							
		Not testable	NT																							
	Verbal response (V)	Orientated	5																							Endotracheal Tube or tracheostomy = T
		Confused	4																							
		Words	3																							
		Sounds	2																							
		None	1																							
		Not testable	NT																							
	Best motor response (M)	Obeys commands	6																							Record the best arrival response
		Localising	5																							
		Normal flexion	4																							
		Abnormal flexion	3																							
		Extension	2																							
		None	1																							
		Not testable	NT																							
Temperature (°C)			40																							
			39																							
			38																							
			37																							
			36																							
			35																							
Blood pressure and pulse rate			230																							1
			220																							
			210																							2
			200																							
			190																							3
			180																							
			170																							4
			160																							
			150																							5
			140																							
			130																							6
			120																							
			110																							7
			100																							
			90																							8
			80																							
			70																							
			60																							
			50																							
			40																							
			30																							
			20																							
Respirations																										
Oxygen Saturations																										
PUPILS	Right	Size																								+ = reacts - = no reaction c = eye closed
		Reaction																								
	Left	Size																								
		Reaction																								
LIMB MOVEMENT	Arms	Normal power																								Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																								
		Severe weakness																								
		Spastic flexion																								
		Extension																								
		No response																								
	Legs	Normal power																								
		Mild weakness																								
		Severe weakness																								
		Extension																								
		No response																								
Total GCS Score																										
Initials:																										