

General:
- GCS has limited applicability (especially in a child below 36 months of age) where verbal performance of a healthy child would be expected to be poor

- Eye responses:
4. spontaneous
3. to speech
2. to pain
1. none
- Verbal responses:
5. infant coos or babbles (normal activity)
4. infant is irritable or cries continually
3. infant cries to pain
2. infant moans to pain
1. no verbal response
- Motor responses:
6. infant moves spontaneously or purposefully
5. infant withdraws from touch
4. infant withdraws from pain
3. abnormal flexion to pain
2. extension to pain
1. no motor response

paediatric
GCS

glasgow coma
score

general

- a neurological scale which gives an objective way of recording conscious state; originally developed to assess level of consciousness after head injury its use is now widespread
- originally published in 1974 by Jennet
- score correlates with outcome in head injury
- GCS is part of several scoring systems including APACHE II, SAPS II & SOFA that predict outcome in severe illness
- its major strengths are that it has proved to be consistent between expert & non-expert observers and has been adopted worldwide

General:
- comprise E, V & M (eyes, motor, verbal)
- originally score was out of 14 with no differentiation between withdrawal and abnormal flexion

- Eye responses:
4. eyes open spontaneously
3. eye open to speech (a sleeping person who wakes up scores 4)
2. eye opening to pain
1. no eye opening

- Verbal responses:
5. Orientated
4. Disorientated
3. Inappropriate
2. Incomprehensible
1. None

- Motor responses:
6. Obeys commands
5. Localises (eg hand crosses midline or gets above clavicle to supra-orbital pressure)
4. Withdraws
3. Abnormal flexion (decorticate response)
2. Extension (decerebrate response)
1. None

Interpretation:
- Severe, GCS 3-8
- Moderate GCS 9-12
- Minor GCS 13-15

GCS