

Glasgow Coma Scale

Item	Options	Points
Eye opening (E)	Spontaneous: Eyes open before any stimulus	4
	To sound: Eyes open after spoken or shouted request	3
	To pressure: Eyes open after fingertip or other pressure	2
	None: No eye opening despite stimulus	1
Verbal response (V)	Oriented: Correctly gives name, place and date	5
	Confused: Talks in sentences but disoriented	4
	Words: Random words, no conversation	3
	Sounds: Moans or groans, no words	2
	None: No verbal response	1
Motor response (M)	Obeys commands: Follows a two-part request	6
	Localizes: Brings hand above clavicle toward the stimulus	5
	Normal flexion: Bends arm at elbow quickly, withdraws	4
	Abnormal flexion: Slow bending, decorticate-type posture	3
	Extension: Straightens arm at elbow, decerebrate-type posture	2
	None: No movement in arms or legs	1

Interpretation

3-8	Severe. Severe impairment of consciousness; the patient may not be able to protect the airway. Escalate immediately and follow your emergency and airway protocols.
9-12	Moderate. Moderate impairment. Notify the provider, increase the frequency of neuro checks and watch closely for any further drop.
13-15	Mild. Mild or no impairment (15 is fully alert and oriented). Keep reassessing at the ordered frequency and compare with the baseline.

Total score: _____ Date: _____ Assessed by: _____

Graham Teasdale & Bryan Jennett, 1974 (The Lancet). Sources: Glasgow Coma Scale - StatPearls (NCBI Bookshelf); Glasgow Coma Scale official site (structured approach); Teasdale & Jennett 1974, Assessment of coma and impaired consciousness (PubMed).

Free calculator and full guide: nursingscales.com/glasgow-coma-scale/ · Educational material; does not replace clinical judgment or facility protocols.