



***SNS COLLEGE OF ALLIED HEALTH SCIENCES
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***DEPARTMENT OF OPERATION THEATRE AND
ANAESTHESIA TECHNOLOGY
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PAPER 2: PRINCIPLES OF ANAESTHESIA-2

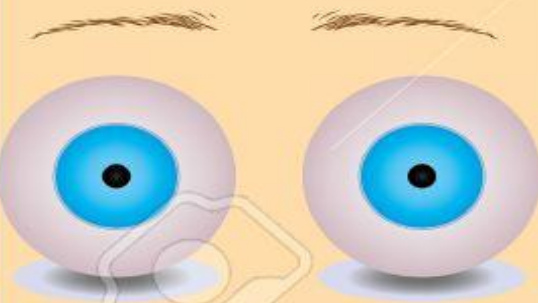
TOPIC: Glass GOW Coma Scale



Introduction:

- The glassgow coma scale is used to objectively describe the extent of impaired of consciousness in all types of acute medical and trauma patients.
- The scale assesse patients according to three aspects of responsiveness:
 1. Eye opening response
 2. Motor response
 3. Verbral response

Glasgow Coma Scale

Behaviour	Response
 Eye Opening Response	4. Spontaneously 3. To speech 2. To pain 1. No response
 Verbal Response	5. Oriented to time, person and place 4. Confused 3. Inappropriate words 2. Incomprehensible sounds 1. No response
 Motor Response	6. Obeys command 5. Moves to localised pain 4. Flex to withdraw from pain 3. Abnormal flexion 2. Abnormal extension 1. No response

Total Score

Best score - 15
Comatosed - ≤ 8
Unresponsive - 3



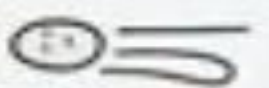
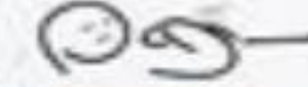
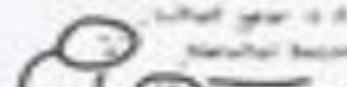
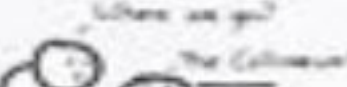
- The simple measurement was originally developed by university of glassgow professors Sir Graham Teasdale and Bryan Jennett while working in the institute of neurological sciences at the southern general hospital in 1974.



Causes:

- Head Injury
- Spontaneous Subarachnoid & Intracerebral haemorrhage
- Ischemic Stroke
- Intracranial infection
- Brain abscess
- Epilepsy

Glasgow Coma Scale

Points:	1	2	3	4	5	6
Best motor response	 No motor response	 Extends to pain (decerebrate)	 Flexes to pain (decorticate)	 Withdraw from pain	 Localize to pain	 Obey commands
Best verbal response	 No verbal response	 Incomprehensible sounds	 Inappropriate words	 Confused	 Oriented	
Eye opening "four eyes" 	 No opening	 Pain	 Verbal Command	 Spontaneous	 Remember, even a toaster has a GCS of 3!	

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Assessment of Neurological Status :

- The best method for assessing neurological status is modified GCS which includes:

Eye opening:

- Nil -1
- To pain- 2
- To speech-3
- Spontaneous -4



Motor Response :

- None-1
- Extension -2
- Decorticate Flexion -3
- Withdrawl -4
- Localizes Pain -5
- To Verbal command-6



Verbal Response :

- Nil -1
- Incomprehensible Sound -2
- Inappropriate Words-3
- Confused -4
- Oriented -5



- Normal score is 15/15. Severe head injury is stated to be present if score is 7 or less and if persist for more than 6 hours is associated with more than 35% of mortality.
- Number of times these patients may not be fasting requiring rapid sequence intubation.



THANK YOU