

CANDIDATE NAME: LYDIA GILBERT			NEUROLOGICAL OBSERVATION CHART													
PATIENT NAME: JOHN SMITH			HOSPITAL NO: A12345					DATE: 0110612020			TIME: 0800					
			TIME	0800	0830	0900	0930	0945	1000				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	•	•	•										
		Localising	5				•									
		Normal flexion	4													
		Abnorma flexion	3					•								
		Extension	2						•							
		None	1							•						
		Not testable	NT													
PUPILS	Right	Size	3	3	3	3	3	3						+ reacts - no reaction c eye closed		
		Reaction	+	+	+	+	+	+								
	Left	Size	3	3	6	8	8	8								
		Reaction	+	+	+	-	-	-								
	LIMB MOVEMENT	Arms	Normal power	•	•	•	R	R	R							Record right (R) and left (L) separately if there is a difference between the two sides
			Mild weakness				L									
			Severe weakness													
			Spastic flexion					L								
			Extension						L							
		Legs	No response													
Normal power			•	•	•	R	R	R								
Mild weakness						L										
Severe weakness							L									
Extension								L								
Total GCS Score			15	14	14	11	7	5								
Oxygen Saturations			99%	99%	96%	94%	100%	100%								



