

Disorientation: Confusion regarding time, place; decreased level of consciousness (LOC)

Lethargy: Limited spontaneous movement, sluggish speech, drowsy, drowsiness

Obtundation: Arousable with stimulation

Stupor: Remaining in a deep sleep, responsive only to vigorous and repeated stimulation

Coma: No motor or verbal response or extension posturing to noxious (painful) stimuli

Persistent vegetative state (PVS): Permanently lost function of the cerebral cortex; eyes follow objects only by reflex or when attracted to the direction of loud sounds; all four limbs are spastic but can withdraw from painful stimuli; hands show reflexive grasping and groping; the face can grimace, some food may be swallowed, and the child may groan or cry but utter no words

Modified from Seidel HM, Ball JW, Dains JE, et al, editors: *Mosby's guide to physical examination*, ed 6, St Louis, 2006, Mosby.

Coma Assessment

Diminished alertness as a result of pathologic conditions occurs on a continuum, which extends from somnolence at one end to deep coma at the other. Several scales have been devised in an attempt to standardize the description and interpretation of the degree of depressed consciousness. The most popular of these is the **Glasgow Coma Scale (GCS)**, which consists of a three-part assessment: eye opening, verbal response, and motor response ([Fig. 27-2](#)). Numeric values of 1 through 5 are assigned to the levels of response in each category. The sum of these numeric values provides an objective measure of the patient's LOC. The lower the score, the deeper the coma. A person with an unaltered LOC would score the highest, 15; a score of 8 or below is generally accepted as a definition of coma; and the lowest score, 3, indicates deep coma or death. A decrease in the GCS score indicates a deterioration of the patient's condition. Brain death is the total cessation of brainstem and cortical brain