

General Instructions

- Each time a set of neurological observations are recorded; a complete set of vital signs (RR, SpO₂, BP, HR, T°, Consciousness) should be completed and recorded on the DANGERS observation chart.
- Refer to instructions on back of chart for determining best motor response.

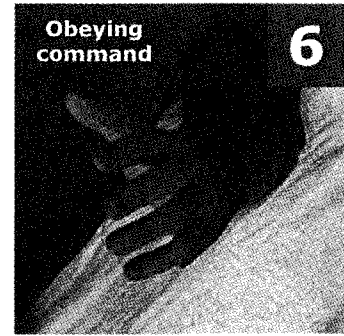
		Date														
		Time														
Scale	Best Eye Response	Eyes open spontaneously	4													
		Eye opening to verbal stimuli	3													
		Eye opening to pain	2													
		No eye opening	1													
Coma	Best Verbal Response	Orientated	5													
		Confused	4													
		Inappropriate words	3													
		Incomprehensible sounds	2													
Glasgow	Best Motor Response	No verbal response	1													
		Obeys commands	6													
		Localising pain	5													
		Withdrawal from pain	4													
		Abnormal flexion to pain	3													
		Abnormal extension to pain	2													
Total Score																
Pupils	R	Record reaction to light as	Size (mm)													
		'+' if normal	Reaction													
		'S' if sluggish	Reaction													
		'-' if none	Size (mm)													
Pupils	L	'C' if eye closed by swelling	Size (mm)													
Pupil scale (mm)			1	2	3	4	5	6	7	8						
			•	•	•	•	•	•	•	•						
Movements	Arms	Normal power														
		Mild weakness														
		Severe weakness														
		Spastic flexion														
		Extension														
		None														
Limb	Legs	Normal power														
		Mild weakness														
		Severe weakness														
		Extension														
		None														

Determining Best Motor Response

Step 1

Ask the patient to '**obey a command**' that requires a specific response, such as 'please wiggle the fingers of your LEFT hand'.

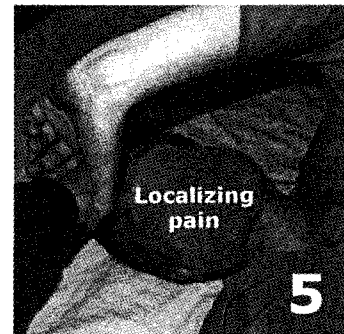
NB: Avoid asking patient just to squeeze your hand as a response may just represent reflex action.



If appropriate response is not seen, go to next step

Step 2

Rub one of the superior orbital margins (eyebrow) while applying firm pressure. Patients able to **localize pain** will respond by moving a hand above the chin.

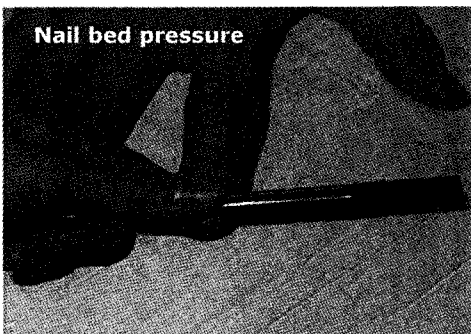
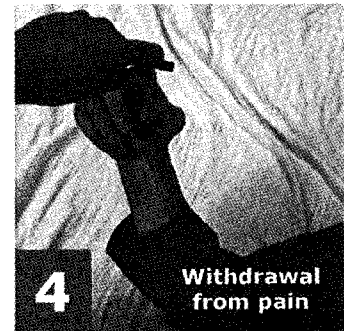


NB: Intoxicated patients will often require considerable and sustained stimuli. If appropriate response is not seen, go to next step.

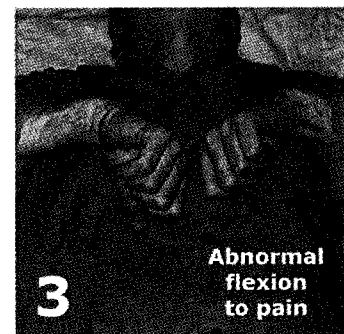
Step 3

Apply firm pressure to a fingernail bed and look for one of the responses shown on the right.

Withdrawal from pain of the limb by flexion at the elbow and external rotation at the shoulder joint.

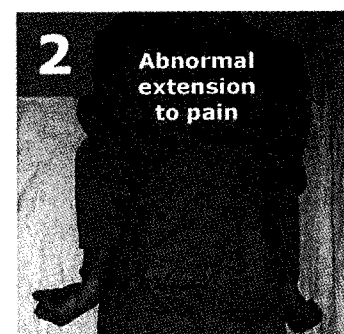


Abnormal flexion to pain of the elbow and wrist (usually both arms) with internal rotation of the shoulder and simultaneous extension of the legs. This is also known as 'decorticate response'.



NB: Rubbing the sternum is not a good way to determine best motor response as it may not help to distinguish between 'localizing pain' and 'abnormal flexion'. It may also leave bruise marks.

Abnormal extension to pain of (usually both) arms and legs. This is also known as 'decerebrate response'.



If no response is seen, record 'no motor response' (1)