

# Bullet Point Nursing

## Nursing Fundamentals – Mental status assessment (GCS)

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### Glasgow coma scale (GCS):

- Used to assess mental status
- The higher the score, the higher the mental functioning
- Score is 3 to 15
  - Anything other than 3 or 15 requires a breakdown of the three numbers
- Often continually assessed to identify trends
- In traumatic brain injury (TBI), patients are considered severe if score is 8 or less
- Always document the specific observation that scored abnormal

### Components:

- Eye opening
  - Spontaneously open
  - Open to verbal commands
    - Does not stay alert
  - Open to painful stimuli
  - No eye opening
- Verbal response
  - Oriented to person, place, time (and event)
  - Confused
  - Inappropriate
  - Incomprehensible
  - No verbal response
    - If they are intubated or otherwise non-verbal, document accordingly
- Motor response
  - Follows commands
  - Localizes pain
  - Withdraws from pain
  - Decorticate posturing
  - Decerebrate posturing
  - No motor response

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## References

Jain, S. & Iverson, L. (2021) *Glasgow coma scale*. StatPearls Publishing. [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)