CANDIDATE NAME:				NEUROLOGICAL OBSERVATION CHART	
PATIENT NAME:		HOSPITAL NO:		DATE:	TIME:

			TIME	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		
Pupil scale (mm)	1	Blood pressure and Pulse rate	240	Temperature °C
			230	40
	2		220	39
			210	38
	3		200	37
			190	36
	4		180	35
			170	34
	5		160	33
			150	32
	6		140	31
			130	30
	7		120	
			110	
	8		100	
			90	
			80	
			70	
			60	
			50	
			40	
			30	
		Respiration	20	
			10	
PUPILS	Right	Size		+ reacts - no reaction c eye closed
		Reaction		
	Left	Size		
		Reaction		
LIMB MOVEMENT	Arms	Normal power		Record right (R) and left (L) seperately if there is a difference between the two sides
		Mild weakness		
		Severe weakness		
		Spastic flexion		
		Extension		
		No response		
	Legs	Normal power		
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
Total GCS Score				
Oxygen Saturations				
Initials				