Table 7-7 : Glasgow Coma Scale : Adult and Pediatric

ADULT GLASGOW			PEDIATRIC GLASGOW	
Eye Opening (4)			Eye Opening (4)	
Spontaneous	4		Spontaneous	4
To Speech	3		To Speech	3
To Pain	2		To Pain	2
None	1		None	1
Best Motor Response (6)			Best Motor Response (6)	
Obeys Commands	6		Spontaneous Movement	6
Localizes Pain	5		Withdraws to Touch	5
Withdraws From Pain	4		Withdraws from Pain	4
Abnormal Flexion	3		Abnormal Flexion	3
Abnormal Extension	2		Abnormal Extension	2
None	1		None	1
Verbal Response (5)			Verbal Response (5)	
Oriented	5		Coos, Babbles	5
Confused	4		Irritable Cry	4
Inappropriate	3		Cries to Pain	3
Incomprehensible	2		Moans to Pain	2
None	1		None	1
Total			Total	

2) Assess the level of orientation by asking the patient:
   - •Person – Does the patient know their own name? The correct name of a friend or family member present? Does the patient recognize police officers, firefighters and/or paramedics?
   - •Place – Does the person know where they are now?
   - •Time – Can the person correctly state the month, day, year and the season of the year?
   - •Circumstance – Does the person know how it is that they came to be speaking to an EMT/paramedic? Do they fully understand their situation in terms of the current incident and their health status? (*Ref. 6.16 Non-Transports*)
3) Assess bilateral pupil reaction to light.
4) Evaluate motor and sensory function by evaluating for facial droop, testing grip strength and arm strength/pronator drift along with sensation to touch on extremities.

d. Vital signs will be measured on all patients to include blood pressure, pulse rate and respiratory rate and temperature.

e. Exposure: A thorough exam cannot be accomplished through clothing. Keep modesty in mind for all patients. Ask for the patient's permission to raise his/her shirt so that you may examine the back and auscultate the lungs. The patient must be kept warm during the