Pain should be made by pressing hard on the supra-orbital notch (beneath medial end of eyebrow) with your thumb, except for M4, which is tested by pressing hard on the flat nail surface with the barrel of a pencil.

Score the best response with unclear or asymmetrical. If in doubt repeat after 5 minutes and ask for help.

Score as usual in the presence of sedative drugs. Plot over time on an appropriate chart e.g. Child's Neurological Assessment Chart.

>5 years       <5 years

Eye opening
E4  Spontaneous
E3  To voice
E2  To pain
E1  None
C   Eyes closed (by swelling or bandage)

Verbal
V5  Orientated
    (in person or place or address)
    Alert, babbles, coos, words or sentences to usual ability (normal)
V4  Confused
    Less than usual ability, irritable cry
V3  Inappropriate words
    Cries to pain
V2  Incomprehensible sounds
    Moans to pain
V1  No response to pain
T   Intubated

Motor
M6  Obeys commands
    Normal spontaneous movements
M5  Localises to supraorbital pain (>9 months of age) or withdraws to touch
M4  Withdraws from nailbed pain
M3  Flexion to supraorbital pain (decorticate)
M2  Extension to supraorbital pain (decerebrate)
M1  No response to supraorbital pain (flaccid)

Acknowledgments: The Child's Glasgow Coma Scale has evolved from adaptations to Jennett and Teasdale's Glasgow Coma Scale (1), by James and Trauner (2), Eyre and Sharples and by Tatman, Warren and Whitehouse (3), and paediatric nurse colleagues, Kirkham and the British Paediatric Neurology Association GCS Audit Group. The Chart design is after Warren and Noons in association with the National Paediatric Neuroscience Benchmarking Group.


Next revision: 2003