Pediatric Glasgow Coma Scale

https://www.mdcalc.com/calc/3702/pediatric-glasgow-coma-scale-pgcs

To be used in children under 2 years ¹⁾.

Prehospital and trauma center GCS scores frequently disagree in children, particularly in TBI patients aged <3 y and those with moderate TBI. Centers should consider the inconsistency of the pediatric GCS when triaging TBI patients²⁾.

When compared to the Pediatric Trauma score (PTS), and the Injury Severity Score (ISS), the GCS may be a better predictor of mortality in cases of childhood trauma ³⁾.

The Paediatric Glasgow Coma Scale (BrE) (also known as Pediatric Glasgow Coma Score (AmE) or simply PGCS) is the equivalent of the Glasgow Coma Scale (GCS) used to assess the level of consciousness of child patients. As many of the assessments for an adult patient would not be appropriate for infants, the Glascow Coma Scale was modified slightly to form the PGCS. As with the GCS, the PGCS comprises three tests: eye, verbal and motor responses. The three values separately as well as their sum are considered. The lowest possible PGCS (the sum) is 3 (deep coma or death) whilst the highest is 15 (fully awake and aware person). The pediatric GCS is commonly used in emergency medical services.

- Best eye response: (E)
- 4. Eyes opening spontaneously
- 3. Eye opening to speech
- 2. Eye opening to pain
- 1. No eye opening or response
- Best verbal response: (V)
- 5. Smiles, oriented to sounds, follows objects, interacts.
- 4. Cries but consolable, inappropriate interactions.
- 3. Inconsistently inconsolable, moaning.
- 2. Inconsolable, agitated.
- 1. No verbal response.
- Best motor responses: (M)
- 6. Infant moves spontaneously or purposefully
- 5. Infant withdraws from touch

- 4. Infant withdraws from pain
- 3. Abnormal flexion to pain for an infant (decorticate response)
- 2. Extension to pain (decerebrate response)
- 1. No motor response

Any combined score of less than eight represents a significant risk of mortality.

References

1)

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2)

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