

### Frequency of neurological observations

- The minimum frequency of observations for a patient with a GCS equal to 15 is:
- Half-hourly for 2 hours.
- Then 1-hourly for 4 hours.
- Then 2-hourly thereafter for 24 hours
- If the GCS is initially below 15 observations should be carried out half-hourly until a score of 15 is achieved at which point the above regime can be adopted
- Should the patient with GCS equal to 15 deteriorate at any time after the initial 2-hour period, observations should revert to half-hourly and follow the original frequency schedule.
- If a GCS of 15 is not achieved, observations should remain half hourly unless the patient would not normally achieve a GCS of 15.

(NICE, 2014)

- Some patients will never achieve a GCS of 15 because of conditions such as dementia. In these circumstances a baseline GCS should be recorded on admission. Each step of the baseline score should be recorded separately e.g. E= 4, V= 3, M= 5
- If it is not possible to perform GCS assessment on a patient because of refusal or because of existing neurological deficit making GCS assessment difficult, a full description of level of alertness using AVPU scale and a description of behaviour and limb movements is required, adhering to the frequency outlined above.

Any of the following examples of neurological deterioration should prompt urgent reappraisal by the supervising doctor.

- Development of agitation or abnormal behaviour.
- A sustained (that is, for at least 30 minutes) drop of 1 point in GCS score (greater weight should be given to a drop of 1 point in the motor response score of the GCS).
- Any drop of 3 or more points in the eye-opening or verbal response scores of the GCS, or 2 or more points in the motor response score.
- Development of severe or increasing headache or persisting vomiting.
- New or evolving neurological symptoms or signs such as pupil inequality or asymmetry of limb or facial movement.

(NICE, 2014)