GCS Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no assessment aid or chart

The Glasgow Coma Scale (Teasdale and Jennett, 1974) rates eye opening, verbal response, and motor response as three separate components that sum to 3 to 15 only when all three can be tested; under the 2014 structured approach a component that cannot be examined is NT, and the components, not the total, carry the clinical information. Defensible charting time-stamps each assessment, records E, V, and M before the total, names the stimulus and best arm, writes NT instead of a 1, lists confounders, records pupils beside the scale, and shows change with the action taken.

Time, phase, and version when, where in the course of care, which scale
Do: clock time; scene, arrival, after resuscitation, after airway drugs, or sedation hold; assessor; adult or pediatric scale.
Pitfall: "GCS 14" with no time, so it cannot be placed against the EMS score, the CT, or the propofol.

Components, then the total E, V, M in order; sum only if all three testable
Do: E, V, and M with values; the total only when all three were testable; the behavior in words where a number is ambiguous.
Pitfall: a bare "GCS 11" that cannot say whether the patient stopped talking or stopped obeying.

Stimulus and best response fingertip, trapezius, supraorbital; arms only
Do: name the stimulus and pressure site; reuse it at the next check; score the best arm; describe a weaker side separately.
Pitfall: "M5" with no stimulus named; a sternal rub; a hemiparetic side averaged into the motor score.

NT instead of a 1 untestable component, no total reported
Do: V NT (tube), E NT (swelling), M NT (paralysis) with the reason; no total; track the remaining components and the pupils.
Pitfall: an alert intubated patient charted "E4 V1 M6 = 11T," a lowest verbal response nobody observed.

Confounders, specifically drug, dose, time; alcohol; aphasia; baseline
Do: sedative or paralytic with dose and time; intoxicant and level; aphasia, hearing, language, interpreter; baseline before injury.
Pitfall: a low score read as injury under propofol, written off to alcohol without imaging, or corrected for dementia.

Pupils and GCS-P beside the scale, never inside it
Do: size, symmetry, and light reaction per eye with the time; GCS-P is a valid total minus the unreactive pupils, labeled as an index.
Pitfall: "GCS-P 7" with no components or pupil findings; reactivity folded into the eye or motor score.

Change, escalation, next check component change over a stated interval
Do: which component moved, by how much, over what time; who was notified, when, the response; the new interval per order.
Pitfall: a trend of "13, 11, 9" with no times, no components, and no call recorded.

Before the note is signed

- [ ] Time and phase recorded for every assessment
- [ ] Components charted before any total
- [ ] Stimulus site named and reused
- [ ] NT with reason, no total, where untestable
- [ ] Confounders and baseline listed with times
- [ ] Pupils recorded beside the scale
- [ ] Change stated in components with action taken

Drafting with AI

Give it the facts: time and phase of care, version and assessor, E, V, M or the NT reasons, the stimulus site, pupils, confounders with drug, dose, and time, the prior assessment, and who was notified.

"Draft a GCS entry: 09/12 19:45, ED, adult scale; E2 to fingertip pressure, V2 sounds, M5 localizes to trapezius pinch both arms; total 9, down from 12 at 19:15; right pupil 5 mm unreactive; ethanol pending, no sedation; attending notified 19:47."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

E, V, M first	NT, never a 1	Name the stimulus	Pupils alongside
the total only when all testable	untestable component, no total	fingertip, trapezius, supraorbital notch	size, symmetry, reactivity, time

GCS Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no assessment aid or scoring chart.

Setting: | Patient (initials): | Date: | Clinician:

Scale version (adult / pediatric) + assessor: | Time + phase of care:

Eye, verbal, motor components

E ___ · V ___ · M ___ · total ___ of 15 only when all three are testable · observed behavior in words where the number is ambiguous · adult or pediatric verbal scale named

Stimulus and best response

Spoken request first · physical pressure site used (fingertip, trapezius pinch, supraorbital notch) · best arm response scored · weaker side described separately as a lateralizing sign

Not testable components

Component recorded NT with the reason (endotracheal tube, tracheostomy, periorbital swelling, paralysis, immobilization) · no total computed · any legacy T notation avoided or explained

Confounders present

Sedative, analgesic, or paralytic with drug, dose or rate, and time given or held · alcohol or drugs and level · aphasia, hearing, language and interpreter · hypotension or hypoxia · baseline before injury

Pupil findings

Size, symmetry, and reaction to light for each eye with the time · pupil reactivity score 0, 1, or 2 · GCS-P equals the total minus that score, only when all three components are testable

Change from prior and action taken

Prior E, V, M with time · which component changed and by how much · same stimulus site used · who was notified, when, and the response · next check interval per order

Handoff, registry, and coding notes

Last E, V, M with time and NT reasons carried into the transfer or discharge note · field and arrival scores preserved · sedated or induced states flagged for coders

Clinician (name and credentials): | Signature: | Date: