OSCE checklist for Glasgow Coma Scale

An OSCE checklist for the Glasgow Coma Scale covers scoring eye opening, verbal response and best motor response, recording each part and the total from 3 to 15, checking pupils, and escalating a falling score at once.

OSCE checklist for Glasgow Coma Scale: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), and explain the check even if the patient seems unable to hear.
2. Check for factors that can change the scores, such as sedation, a language barrier, hearing loss, swelling of the eyes or a breathing tube. Record a part as not testable rather than scoring it as 1.
3. Eye opening: observe first, then speak, then use pressure. Score spontaneous (4), to sound (3), to pressure (2), none (1).
4. Verbal response: ask the patient's name, where they are and the month. Score orientated (5), confused (4), words (3), sounds (2), none (1).
5. Motor response: first ask the patient to do a simple action, such as making a fist and letting go. Score obeys commands (6), localising (5), normal flexion or withdrawal (4), abnormal flexion (3), extension (2), none (1).
6. Use pressure only if needed and only as you have been taught, starting with fingertip pressure before a central stimulus. Explain before you do it.
7. Record the best response for each part, not the worst, and write each score as well as the total, for example E4 V5 M6.
8. Add the three scores to give a total from 3 to 15.
9. Check pupil size and reaction to light, limb strength and the full set of vital signs, and work out the NEWS2 score for adults.
10. Compare with the earlier result and escalate any fall in the total or in any single part, new unequal pupils or new weakness to the nurse in charge and the doctor at once. Call for urgent help if the airway is at risk. Clean your hands and record the time.

What candidates commonly forget

- Recording the total only without the three parts
- Scoring the worst rather than the best response
- Scoring 1 when a part cannot be tested
- Using painful pressure before asking the patient to obey a command
- Skipping the pupil check
- Not escalating a falling score at once

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Neurological assessment after a head strike. Back to the medical surgical nursing OSCE page: medical surgical nursing OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for the Glasgow Coma Scale?

Explain, check for factors that affect scoring, score eye opening, verbal and motor responses, record each part, add to a total from 3 to 15, check pupils and vital signs and escalate any fall.

What is a total GCS of 15?

A person who opens their eyes spontaneously, is orientated and obeys commands. Always record all three parts.

Why write the components as well as the total?

Two patients with the same total may have very different problems, and a change in one part can matter.

What if the patient has a breathing tube?

The verbal part cannot be tested. Record it as not testable as your policy says rather than giving a score of 1.

Sources

- NICE NG232: head injury
- NMC: standards of proficiency for registered nurses

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.