

Children's Coma Scale (Modified Glasgow Coma Scale Adelaide Coma Scale Paediatric Coma Scale)

Overview: One of the components of the Glasgow coma scale is the best verbal response which cannot be assessed in nonverbal small children. A modification of the original Glasgow coma scale was created for children too young to talk.

Parameters:

(1) eyes opening

(2) best verbal or nonverbal response (depending on development status)

(3) best motor response

Eye Opening	Score
spontaneously	4
to verbal stimuli	3
to pain	2
never	1

Nonverbal Children	Best Verbal Response (as in the Glasgow scale)	Score
smiles oriented to sound follows objects interacts	oriented and converses	5
consolable when crying and interacts inappropriately	disoriented and converses	4
inconsistently consolable and moans; makes vocal sounds	inappropriate words	3
inconsolable irritable and restless; cries	incomprehensible sounds	2
no response	no response	1

Best Motor Response	Score
obeys commands	6
localizes pain	5
flexion withdrawal	4
abnormal flexion (decorticate rigidity)	3
extension (decerebrate rigidity)	2
no response	1

Additional markers associated with prognosis:

(1) oculovestibular reflex (all children with absent reflexes died; 50% of children with impaired reflex died; 25% with normal reflexes died)

(2) abnormal pupillary response (77% with bilateral fixed and dilated pupils died)

(3) intracranial pressure (pressures > 40 torr with CCS scores of 3 4 or 5 was inevitably fatal)

children's coma coma scale =

= (score for eye opening) + (score for best nonverbal or verbal response) + (score for best motor response)

Interpretation:

- minimum score is 3 which has the worst prognosis
- maximum score is 15 which has the best prognosis
- Scores of 7 or above have a good chance for recovery.
 - Scores of 3-5 are potentially fatal especially if accompanied by fixed pupils or absent oculovestibular responses or elevated intracranial pressure.
 - Normal children under 5 years may have lower scores than adults because of reduced best verbal and motor responses.

References:

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