LEVEL OF CONSCIOUSNESS
It is not possible to directly assess the level of consciousness – it can only be assessed by observing the patient’s behavioural response to different stimuli. During the initial rapid assessment of the critically ill patient, it is helpful to use the AVPU scale, with an examination of the pupils; the GCS should be used in the full assessment (Smith, 2003). NICE (2007) recommends using GCS to assess all patients with head injuries.

Before assessment, ascertain the patient’s acuity of hearing, medical history and any indications that may affect level of consciousness. Evaluating ‘disability’ involves assessing neurological pathology and hypoxia. If the patient is not fully awake, check if they respond to your voice, for example by opening their eyes, speaking or moving; if they do, they are V (responds to voice). If the patient does not respond to voice, administer a painful stimulus such as a trapezium squeeze (Fig 1) and check for a response (eye opening, verbal such as moaning, or movement); if there is a response, they are P (responds to pain). Those who do not respond are U (unresponsive).

The patient may need to be in the lateral position to help keep the airway patent; oxygen may need to be administered (Fig 3).

Upon completing the neurological assessment (Fig 6), the patient should be reassessed (Fig 4).

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REFERENCES