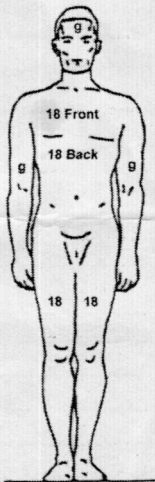


Glasgow Coma Scale

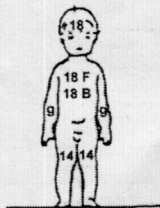
Eye Opening	Spontaneous	4	Total Glasgow Coma Scale Points
	To Voice	3	
	To Pain	2	
	None	1	
Verbal Response	Oriented	5	14 - 15 = 5
	Confused	4	11 - 13 = 4
	Inappropriate Words	3	8 - 10 = 3
	Incomprehensible Words	2	5 - 7 = 2
	None	1	3 - 4 = 1
Motor Response	Obeys Commands	6	
	Localizes Pain	5	
	Withdraw (Pain)	4	
	Flexion (Pain)	3	
	Extension (Pain)	2	
	None	1	

RULE OF NINES



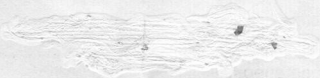
Trauma Score

Respiratory Rate	10 - 24 /min	4
	25 - 35 /min	3
	36/min or greater	2
	1 - 9 /min	1
	None	0
Respiratory Expansion	1 - 9 /min	1
	None	0
Respiratory Rate	10 - 24 /min	4
	25 - 35 /min	3
	36/min or greater	2
	1 - 9 /min	1
	None	0
Systolic Blood Pressure	90 mm Hg or greater	4
	70 - 89 mm Hg	3
	50 - 69 mm Hg	2
	0 - 49 mm Hg	1
	No Pulse	0
Capillary Refill	Normal	2
	Delayed	1
	None	0



Total Trauma Score

1-16



Name:		SS#:					
Address:							
City:			State:		Zip Code:		
Age:	DOB:	Race		M	F	WT:	kg.

Chief Complaint: _____

Times	Pulse	Cap. Refill	Blood Pressure	Resp.	Lungs	Skin	Neuro
			/				A V P U
			/				A V P U
			/				A V P U

Times	ECG Rhythm	Defib.	Post Rhythm

Medical History: _____

Medications: _____

Allergies: _____

Physician: _____