Glasgow Coma Scale: Improving practice in non-neuro specialty wards

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Glasgow Coma Scale: Improving practice in non-neuro specialty wards.

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The Glasgow Coma Scale published in 1974 was designed with simplicity in mind. The tool was developed for use in a wide range of clinical environments and for staff who had no specialised training (Teasdale and Jennett 1974) ensuring standardisation in assessment. Evidence (Waterhouse 2008) however suggests that there are ongoing problems in the use of the GCS assessment, and the impact that this might have on patient outcomes are unknown. Variations in practice have been found in all areas, including neurological specialty wards, however the skill level of nursing staff in non neurological areas is concerning with inconsistencies in application found. Education and training appears essential to ensuring an optimal understanding of how to use the scale (Palmer and Knight 2006) and there have been recommendations for additional education to supplement existing practice. Inexperienced nurses are often found to have difficulties using the scale (Baker 2008) and inter-rater reliability is not high in this group (Palmer and Knight 2006). Meaning that the tool may only be a reliable measure when used by nurses who are experienced in its use.

This paper reports on the literature review undertaken as part of an Honours research study. The primary outcome of this study is the development of recommendations for practice change and an educational strategy in non neurological specialty wards. This research is well placed in the context of the Garling Report (2008), where there is a priority on the detection of the deteriorating patient.


