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Full outline of UnResponsiveness Scale versus modified Glasgow Coma Scale in predicting discharge outcomes in disturbed consciousness patients

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Background: Disturbed consciousness level is common in critically ill patients. Neurological assessment, evaluation of disturbed consciousness patients and their outcomes prediction are usually challenging for critical care nurses. Scoring systems have been developed to obtain a fast and comprehensive assessment, to facilitate communication among examiners, to triage and monitor changes for therapeutic decisions, and to provide prognostic information about the patients.

Aim: The aim of the study is to compare between the full outline of Un-Responsiveness Scale and the Modified Glasgow Coma Scale (MGCS) in predicting discharge outcomes in disturbed consciousness patients.

Materials & Methods: A descriptive design was followed in this study. The study was conducted at the Trauma Intensive Care Unit, Neurological Intensive Care Unit and Neurosurgery Intensive Care Unit in Assiut University Hospital. Three tools were utilized to collect the data namely; Tool I: "Patients Profile Data Form", Tool II: "Level of Consciousness Assessment" and Tool III: "Discharge Data Assessment record".

Results: The patients' outcomes on discharge were found to be: three patients regained their consciousness and discharged to home; more than one third regained their consciousness and transferred to ward; some of them experienced co-morbidities and transferred to ward; and nearly half of them died. The majority of the deaths had exposed to secondary brain injury. More than one third of the total patients who were alive on discharge from the ICU had physical disabilities and co-morbidities.

Conclusion/Recommendations: The components of the FOUR score, and the MGCS had different predictive abilities. The FOUR score have higher accuracy prediction of in-hospital outcomes and the prognostic power of the FOURs was the best prognostic power than the MGCS in the first three assessment days. Therefore, this study's results would be bolstered by other studies that enroll a larger number of patients across the entire acuity spectrum, and within more hospitals.

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