

Table 3.

Disorders of Consciousness Scale (DOCS) baseline observations protocol. L = left, R = right, UE = upper extremity, LE = lower extremity ICU = intensive care unit, ICP = intracranial pressure, SLP = speech pathologist, PT = physical therapist, and OT = occupational therapist.

Instructions: Prior to providing stimulation, the evaluator should place the “Do Not Disturb” sign on the door and unobtrusively approach the subject (i.e., do not speak, do not touch the subject, do not close the door, do not disturb the subject) and document the subject’s spontaneous behaviors at rest. The following checklist should be systematically completed:

General Information:

Is the DOCS being coadministered: Yes or No (if yes remember to score separately)

Disciplines completing this evaluation (circle all that apply): SLP PT OT Psychology Nursing Research
Respiratory

Date of evaluation: _____ Time of evaluation: _____ a.m. or p.m.

Location of Baseline Observation (specify): _____

If in the ICU: Previous day’s highest ICP: _____ Today’s highest ICP: _____ Highest ICP during evaluation: _____

Time of and nature of previous activity: _____

Evaluation was broken into 2 sessions: Yes or No If yes, is this the 1st session or 2nd session?

Noise Level of Environment (Circle): Noisy Quiet Intermittent Noise Interruptions

Weight: _____ Blood oxygen level (via pulse oximetry): Lowest reading: _____ Highest reading: _____

Heart Rate: Lowest reading: _____ Highest Reading: _____

Position of Patient (check one):

___in bed lying on back ___in bed sitting up between 45° & 90° ___side-lying in bed ___upright in chair
___reclined in chair

Spontaneous/Random Movements (check all that are observed):

___eyebrow movement (circle one: right left both) ___frown or grimace ___smiling ___biting or grinding of teeth

___mouth twitching or tremors ___tongue movement (describe : _____)

___lip movement (describe: _____) ___head movement

___LLE movement ___RLE movement ___LUE movement ___RUE movement ___none

Respiration (check the appropriate boxes):

quiet shallow striderous fast other (describe: _____)

Swallowing:

Check the amount of drooling: constant occasional not observed none

Check location of drooling: right corner left corner midline all of these locations none

Number of spontaneous swallows observed: _____

Posture:

Describe the following as tense, relaxed, spastic, flexed, extended, or describe other posturing:

Facial Posture: _____

Neck Posture: _____

LUE Posture: _____

RUE Posture: _____

LLE Posture: _____

RLE Posture: _____

Whole Body Posture: _____

Visual: Does subject wear eye glasses? Yes or No If yes, were they worn during this observation? Yes or No

Level of illumination in room (check only one): dark dim bright

Duration and Frequency of Eye Opening: (check only one)

eyes closed; no spontaneous eye opening

eyes closed initially; spontaneous eye opening for less than 1 minute (____ # of occurrences)

eyes closed initially; spontaneous eye opening for greater than 1 minute (____ # of occurrences)

eyes open; spontaneously close after ____ seconds and remain closed

eyes open initially; spontaneously close after ____ seconds, but reopened for ____ seconds

eyes spontaneously open and remain open throughout the observation period

partially open (circle amount that the eyes are open: 1/4 1/2 3/4)

eyes remain open all the time without any blinking

one eye open Right ____ or Left ____

Other: _____

Eye Positioning and Movement (check all that are appropriate):

could not observe eyes throughout baseline observation

both eyes deviated right both eyes deviated left left eye deviated right eye deviated

Notes: _____

nystagmus (i.e., rhythmical oscillation of the eyeballs—either pendular or jerky)

ptosis (i.e., drooping of the upper eyelid) (circle one): left eye right eye bilateral

other: _____

right pupil: dilated constricted

left pupil: dilated constricted