

GLASGOW OUTCOME at DISCHARGE SCALE (GODS) v6/12/12

Name:

Date of Assessment:

Date of Birth:

Time of Assessment:

Ward:

Date of Injury:

Consciousness		Enter No
<p>1a Is the brain injured person conscious eg: able to obey simple commands, write, say any words or communicate by other means?</p> <ul style="list-style-type: none"> • Could the absence of response be due to sedation? [Yes / No]* • Has the person been diagnosed as being in a vegetative state [Yes / No]* <p><small>*Note: Corroborate with nursing staff.</small></p>		1 – No 2 - Yes
Independence in the unit/ward		
<p>2a Does the person require nursing care or supervision every day for some activities of daily living?</p> <ul style="list-style-type: none"> • For a 'No' answer they should be able to look after themselves for 24 hours although they need not actually look after themselves. • Independence includes the ability to plan for and carry out the following activities: getting washed, putting on clean clothes, able to prepare food for themselves (eg in the OT kitchen or during home leave), can appropriately deal with visitors/other patients and handle minor crises. • They should be able to carry out the above activities without needing prompting, supervision or reminding and should be believed to be capable of being left alone safely overnight. • They should not be a danger to themselves or others. 		1 – No 2 - Yes
<p>2b Do they need frequent help or someone to be around for most of the time?</p> <ul style="list-style-type: none"> • For a 'No' answer they should be thought able to look after themselves for up to 8 hours during the day if necessary, although they need not actually look after themselves. 		1 – No (Upper SD) 2 – Yes (Lower SD)
<p>2c Was assistance at home essential before the injury?</p>		1 – No 2 - Yes
<p>2d Is the person confused or disorientated?</p> <ul style="list-style-type: none"> • Has this been assessed using a PTA scale y/n : If yes name of scale: _____ and score [] • Could confusion or disorientation be a result of sedation? [Yes / No] • If the person is confused or disorientated for any reason, assume the answer is YES to 2a 		1 – No (Upper SD) 2 – Yes (Lower SD)
<p>2e Does the person's behaviour cause severe disruption or difficulties with ward staff, visitors, other patients or carers</p> <ul style="list-style-type: none"> • No: May be antisocial, irritable or passive/apathetic but are not a danger to self or others and do not require immediate or urgent attention • Yes: Severely disruptive or difficult and can be a danger to self or others. Requires immediate or urgent staff intervention and special measures to minimise risk such as additional staffing or regular sedation. 		1 – No (Upper SD) 2 – Yes (Lower SD)
Independence outside the unit/ward		
<p>3a Are they able to shop without assistance?</p> <ul style="list-style-type: none"> • For example at the hospital shop could they plan what to buy, handle money appropriately and purchase a list of items successfully without assistance 		1 – No (Upper SD) 2 - Yes
<p>3b Were they able to shop without assistance before the injury?</p>		1 – No 2 – Yes
<p>4a Are they able to travel outside the unit/ward safely without assistance?</p> <ul style="list-style-type: none"> • They may walk, self propel a wheelchair, drive or use public transport to get around. Examples include visiting the hospital shop independently and safely or travelling home and returning on pass successfully and safely. Use of a taxi is sufficient if the person can phone for it themselves and instruct the driver. 		1 – No (Upper SD) 2 - Yes

4b	Were they able to travel without assistance before the injury?		1 – No 2 - Yes
Work			
5a	Are they thought to be able to work to their previous capacity? <ul style="list-style-type: none"> This pertains to ability to return to work within a week of discharge, and specifically to the advice they would be given at discharge. If they were working before, then their capacity for work should be at the same level. If they were seeking work before, then the injury should not have adversely affected their chances of obtaining work or the level of work for which they are eligible. If the patient was a student before their injury then their capacity for study should not have been adversely affected. 		1 – No 2 - Yes
5b	How restricted do you think they are? a) Reduced work capacity b) Able to work only in a sheltered workshop or non-competitive job, or unable to work		1 = a (Upper MD) 2 = b (Lower MD)
5c	Were they either working or seeking employment before the injury (answer 'Yes') or were they doing neither (answer 'No')		1 – No 2 - Yes
Social and leisure activities			
6a	Are they able to participate in regular social and leisure activities in the ward? <ul style="list-style-type: none"> This includes interacting socially and appropriately with other patients, therapists, staff and visitors. It includes taking an interest in others and in television or radio or newspapers or other reading. If they do not participate in the majority of social or leisure activities or therapy because of loss of interest or motivation then this is also considered a disability. The person should be engaging in the activity intellectually and a judgement needs to be made this regard; eg check simply by asking them what they are/have recently been watching, reading or listening to. 		1 – No 2 - Yes
6b	What is the extent of restriction of their social and leisure capabilities? a) Mild: spend half the waking day or more demonstrating some social or intellectual interest b) Moderate: spend less than half the waking day demonstrating some social or intellectual interest c) Severe: rarely if ever, demonstrate an intellectual or social interest		1 = a (Lower GR) 2 = b (Upper MD) 3 = c (Lower MD)
6c	Did they engage in regular social and leisure activities outside the home before the injury?		1 – No 2 - Yes
Social relationships			
7a	Are there psychological problems which result in disruption or difficulties in social relationships with ward staff, family, visitors, other patients or carers <ul style="list-style-type: none"> Typical post brain injury personality changes: quick temper, irritability, aggression, anxiety, insensitivity to others, mood swings and depression, and unreasonable or childish behaviour 		1 – No 2 - Yes
7b	What is the impact of the psychological problems? a) Occasional problems that do not have any severe or persisting impact. b) Problems are evident, but are tolerable and occur less than daily. Causes strain but this is intermittent. c) A cause of continual and severe strain and upset on a daily basis. Could lead or has led to breakdown in family relationships.		1 = a (Lower GR) 2 = b (Upper MD) 3 = c (Lower MD)
7c	Were there problems of this kind before the injury? <ul style="list-style-type: none"> If there were some problems before the injury but these have become remarkably worse since the injury then answer 'No' to 7c 		1 – No 2 - Yes

Return to normal life		
8a	Are there any other current problems relating to the injury which have a negative impact on daily life? • Other typical problems reported after brain injury: headaches, dizziness, tiredness, sensitivity to noise or light, slowness, memory failures, and concentration difficulties	1 – No (Upper GR) 2 – Yes (Lower GR)
8b	Were similar problems present before the injury? • If there were some problems before injury, but these have become markedly worse since the injury then answer 'No' to 8b	1 – No 2 - Yes

What is the most important factor affecting progress (tick)?

Effects of head injury ____

Effects of illness or injury to another part of the body ____

A mixture of these ____

Scoring:

The overall rating is based on the lowest outcome category indicated on the scale*.

Refer to the GODS Guidelines for further information concerning administration and scoring.

Circle :

- 1 Dead
 - 2 Not conscious
 - 3 Lower Severe Disability (Lower SD)
 - 4 Upper Severe Disability (Upper SD)
 - 5 Lower Moderate Disability (Lower MD)
 - 6 Upper Moderate Disability (Upper MD)
 - 7 Lower Good Recovery (Lower GR)
 - 8 Upper Good Recovery (Upper GR)
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*Patients scoring less than 7 should not be discharged to the community without care support.

The GODS is available free with guidelines for use:

<http://www.gla.ac.uk/researchinstitutes/healthwellbeing/staff/tommcmillan/>

The user must take responsibility for its use, scoring and interpretation.

GLASGOW OUTCOME at DISCHARGE SCALE (GODS) GUIDELINES

The GODS¹ is an outcome scale that is for use in assessing adult inpatients who have been admitted to hospital after a brain injury. It is associated with outcome soon after discharge and is therefore of use when making decisions about discharge or discharge planning. It provides broad outcome categories that are related to disability and handicap. The GODS is quick and simple to use. For assessment of outcome *after* hospital discharge use the Glasgow Outcome Scale-Extended². Although the GODS is designed to be as objective as possible, judgement is required in some areas. The user must take responsibility for its use, scoring and interpretation. The GODS is freely available here: <http://www.gla.ac.uk/researchinstitutes/healthwellbeing/staff/tommcmillan/>

Timing of Assessment Post-injury

The scale is primarily for use prior to discharge from hospital once a decision to discharge has been made, or when it is being made.

Assigning an Outcome Category

The GODS is a simple scale in which the patient's overall rating is based on the lowest outcome category indicated. Outcome categories are given in brackets on the right hand side of the questionnaire.

Severe disability: Obtain answers to all the main questions concerning independence in the ward / unit, including the questions concerning pre-injury problems (Q2-Q4). If the patient was fully independent before the injury, and the answers to one or more of the dependence questions indicate that this is no longer the case then they are Severely Disabled (SD). If the patient requires some nursing care or supervision, but could care for themselves for up to 8 hours, and leave the ward without assistance, they can be assigned to the upper band of Severely Disabled.

Moderate disability: Obtain answers to the main questions, including the questions concerning pre-injury problems (Q5-Q7). If the patient had no prior problems and the answers to one or more of the questions concerning current difficulties indicate that this is no longer the case (with the exception of answer (a) to Q6b and Q7b), then they are Moderately Disabled (MD). Sometimes a patient will have had prior problems, which have become markedly worse as a result of injury. In this situation the change can be used as the rating. Upper or lower banding is determined by the answers to Q6b and Q7b.

Good recovery: If the patient does not fulfil the criteria for any of the lower outcome categories, then they are considered to be in "Good Recovery". Note that the "Good Recovery" category includes people with some minor problems. Patients with minor problems that are having a negative effect on their daily lives are assigned to the lower band of Good Recovery. Those without problems related to effects of the head injury, or with symptoms that are having no effect on their daily lives are assigned to the upper band of Good Recovery.

1. McMillan TM, Weir CJ, Ireland A, Stewart E (in press). The Glasgow Outcome at Discharge Scale for Head Injury: An inpatient assessment of disability after head injury. *Journal of Neurotrauma*.
2. Wilson JTL, Pettigrew EL, Teasdale GM (1998). Structured interviews for the Glasgow Outcome Scale and the Extended Glasgow Outcome Scale: Guidelines for their use. *Journal of Neurotrauma*, 15, 573-85.