# Electronic Annex 2eChecklist of observed responses for families, friends, advocates and care teams to consider

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| **Name of patient:** | **Information given by:** |  |
| **Question** | **Observed****(Y/N)** | **Describe what was seen and how often** | **By whom?** | **Examples** |
| **Seeing** |  |
| 1. Do they follow movement with their eyes?  |  |  |  | Do they watch as you walk across the room, or follow an object/picture moved in front of them, left, right up or down? |
| 2. Do they look at people, or objects? |  |  |  | Do they fix their eyes on something you show them, such as pictures, photos, etc for a few seconds? |
| **Sounds** |  |
| 3. Do they turn away or look towards sound? |  |  |  | Do they turn their head or eyes forward a familiar voice or music?If so is this to a particular side? |
| 4. Do they respond when music is played to them? |  |  |  | Do they react differently to music that they did or did not like pre-injury. If so how? |
| 5. Do they follow spoken instruction?  |  |  |  | If so how? |
| **Touch** |  |
| 7. Do they move away or towards touch?  |  |  |  | Is there a difference between light and firm touch (try stroking vs squeezing their arm)? |
| 8. Do they show signs that they are feeling things  |  |  |  | Eg change of facial expression? |
| **Smell/taste** (NB Please only provide tastes if deemed safe to do so by a speech and language therapist) |  |
| 9. Do they respond to smells?  |  |  |  | Do they move away or towards smell or hold their breath? Eg to their favourite perfume or toiletries.Do they make different responses to certain smells? |
| 10. Do they pull faces to tastes? |  |  |  | Eg toothpaste |
| **Movement/function** |  |  |  |  |
| 11. Have you seen them make movements that seem to have a purpose?  |  |  |  | Eg do they remove glasses, reach towards a person or object. |
| 12. Do they hold or manipulate objects? |  |  |  | Do they hold objects, or feel or move them? |
| 13. Do they use any object or items in the right way  |  |  |  | Eg do they hold a pen as if to write, or lift a hairbrush to brush their hair? |
| 14. Do they make any specific movements when you ask them to? |  |  |  | Eg do they move a limb or blink when asked to(Be aware of spontaneous movements that they make anyway) |
| **Communication** |  |  |  |  |
| 15. Do they show different responses to different people? |  |  |  | If so, to whom do they respond and how? |
| 16. Do they smile in response to a joke or cry/grimace or moan in response to something unpleasant?  |  |  |  | If so, do you think they are responding to something they see, hear or feel? |
| 17. Do they make gestures? |  |  |  | Eg thumbs up, pointing, etc? |
| 18. Do they try to communicate?  |  |   |  | Eg using yes/no or showing choices by mouthing, gesture, pointing, head nod/shake etc |
| 19. Do they attempt to respond to a greeting?  |  |  |  | Eg if you say ‘hi’ or ‘bye’ with an exaggerated wave what do they do? |
| Wakefulness/arousal |  |  |  |  |
| 20. Is there anything that appears to keep them more awake or alert? |  |  |  |  |
| Other |  |  |  |  |
| 21. Do you know when they are uncomfortable? |  |  |  | If so, how? |
| 22. Do you know if they are in a bad or good mood? |  |  |  | If so, how? |
| 23. Are there any other responses that you have observed? |  |  |  |  |

*Prepared by Karen Elliott, Helen Gill-Thwaites and Amy Pundole on behalf of the Prolonged disorders of consciousness guideline working party, October 2019.*