

## **Gosnell Scale**

Adapted from Gosnell, D.J. An assessment tool to identify pressure sores. 1973; 22(1): 55-59.

### **Instructions:**

After observation, assess the patient on the 5 categories in the Gosnell scale: mental status, continence, mobility, activity and nutrition. Additionally, record the patients' vital signs, describe skin status (appearance, tone and sensation) and all medications patients are receiving.

### **Scoring:**

A rating scale was developed where each category is rated. Total score ranges from 5 to 20. Lower scores indicate poorer health status.

#### Rating scale:

**MENTAL STATUS** (assessment of one's level of response to his environment):

*Unconscious* (1) – nonresponsive to painful stimuli

*Stuporous* (2) – total disorientation. Does not respond to name, simple commands or verbal stimuli.

*Confused* (3) – partial and/or intermittent disorientation to temperature, pulse and respiration. Purposeless response to stimuli. Restless, aggressive, irritable, anxious and may require tranquilizers or sedatives.

*Apathetic* (4) – lethargic, forgetful, drowsy, passive and dull, sluggish, and depressed. Able to obey simple commands. Possibly disoriented to time.

*Alert* (5) – oriented to time, place and person. Responsive to all stimuli and understands explanations.

**CONTINENCE** (amount of bodily control of urination and defecation):

*Absence of control* (1) – incontinent of both urine and feces

*Minimally controlled* (2) – often incontinent of urine with occasional to often incontinence of feces

*Usually controlled* (3) – incontinent of urine and/or feces once in a while, or has Foley catheter and is incontinent of feces

*Fully controlled* (4) – total control of urine and feces

**MOBILITY** (amount and control of movement of one's body):

*Immobile* (1) – does not assist self in any way to change position. Is unable to change position without assistance. Is completely dependent on others for movement.

*Very limited* (2) – requires assistance to change position. Offers minimal assistance in helping to change one's position. May have contractures, paralyses, and so on.

*Slightly limited* (3) – able to control and move all extremities but some degree of limitation may be present. Requires the assistance of another person to change position.

*Full (4)* – able to control and move all extremities at will. May require the use of a device, but can turn, lift, pull, balance and attain sitting position at will.

ACTIVITY (ability of an individual to walk):

*Bedfast (1)* – is confined to bed during entire 24-hour day.

*Chairfast (2)* – walks only to a chair; requires assistance to do so or is confined to a wheelchair.

*Walks with help (3)* – able to walk with assistance of another person, braces, or crutches. May have limitation on stairs. May have unsteady gait.

*Ambulatory (4)* – is able to walk unassisted. Rises from bed unassisted. With the use of a device such as a cane or walker, is able to ambulate without the assistance of another person.

NUTRITION (process of food intake):

*Poor (1)* – seldom eats a complete meal; eats only a few bits of food a meal. Is dehydrated and has minimal fluid intake.

*Fair (2)* – occasionally refuses a meal or frequently leaves the larger portion of a meal. Must be encouraged to take fluids.

*Good (3)* – eats some food from each category of the Basic Four every day. Drinks 6-8 glasses of fluid every day. Eats the major portion of each meal served – or is receiving tube feedings.

ASSESSMENT OF SKIN STATUS – descriptions:

Skin appearance (description of observed skin characteristics): dry, oily, wrinkled, scaly, flaccid and so on.

Skin tone (degree of turgor and tension of the skin determined by pinch at specific high-risk sites for pressure sores): hard, moderate, loose.

Skin sensation (response of an individual to tactile stimuli of the epidermis.

Identified high-risk sites for pressure sores stimulated for touch and two-point discrimination): None, slight, moderate, great.

**Gosnell Scale Worksheet:**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date:	Mental Status: 5-alert 4-aphathetic 3-confused 2-stuporous 1-unconscious	Continenence: 4-fully controlled 3-usually controlled 2-minimally controlled 1-absence of control	Mobility: 4-full 3-slightly limited 2-very limited 1-immobile	Activity: 4-ambulatory 3-walks with assistance 2-chairfast 1-bedfast	Nutrition: 3-good 2-fair 1-poor	Total score:

Date:	Vital signs: T, P, BP*	Skin appearance:	Skin tone:	Skin sensation:	Medications:	Comments:

\*T=temperature, P=pulse rate, BP= blood pressure