Compiled Clinical Scores for Quick Revision

1. Glasgow Coma Scale (GCS)

Eye Opening	Verbal response	Motor response
		
Spontaneous - 4	Oriented - 5	Obey Commands - 6
To sound - 3	Confused - 4	Localising - 5
To pressure - 2	Words - 3	Normal flexion - 4
None - 1	Sounds - 2	Abnormal flexion - 3
	None - 1	Extension - 2

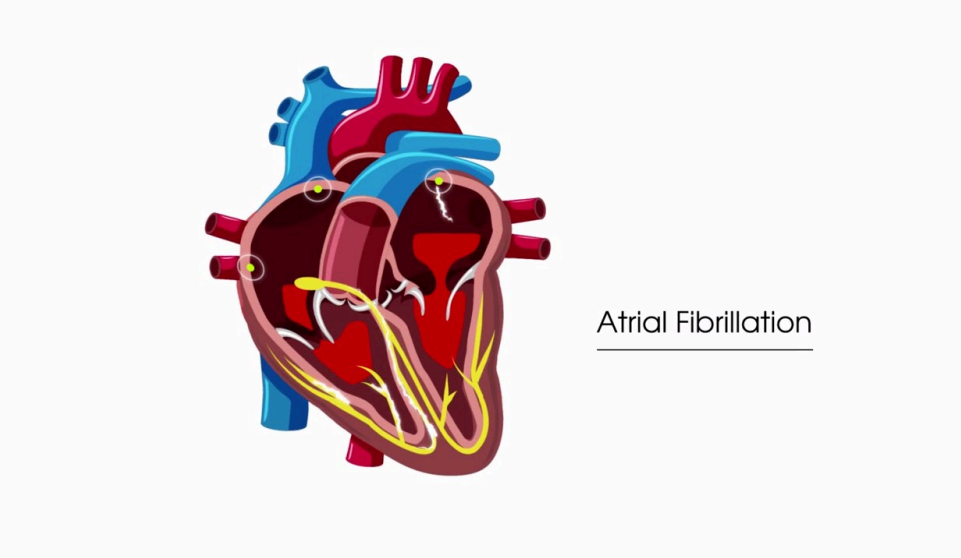
- **Interpretation:**

Mild	Moderate	Severe
13-15	9-12	3-8

2. CHA_2DS_2-VASc Score (Atrial Fibrillation Stroke Risk)

Letter	Risk factor	Score
C	Congestive heart failure	**1**
H	Hypertension	**1**
A_2	Age ≥75	**2**
D	Diabetes mellitus	**1**
S_2	Stroke/TIA/Thromboembolism	**2**
V	Vascular disease	**1**
A	Age 65–74	**1**
Sc	Sex category (Female)	**1**
	Max Scor	**9**

- **Interpretation:**
  - **Score = 0** → Low risk → No anticoagulation needed
  - **Score = 1 (male)** → Moderate risk → Consider oral anticoagulation or aspirin
  - **Score ≥2** → High risk → Anticoagulation indicated (e.g., warfarin or NOAC)



3. CURB-65 Score (Pneumonia Severity)

Symptom	Points
Confusion 	1
Urea >7 mmol/L 	1
Respiratory rate ≥30/min 	1
Blood pressure (SBP <90 or DBP ≤60) 	1
Age ≥65 years 	1

- **Interpretation:**
  - 0–1 → Outpatient treatment
  - 2 → Short hospital stay
  - ≥3 → Inpatient/ICU

4. Child–Pugh Score (Liver disease prognosis)

	Points		
	1	**2**	**3**
Encephalopathy 	None	Grade 1-2 (or precipitant-induced)	Grade 3-4 (or chronic)
Ascites 	None	Mild to moderate (diuretic responsive)	Severe (Diuretic refractory)
Bilirubin (mg/dl)	<2	2-3	>3
Albumin (g/dl)	>3.5	2.8-3.5	<2.8
INR	<1.7	1.7-2.3	>2.3

- **Interpretation:**
  - **Class A** (well compensated): 5-6 points
  - **Class B** (significant compromise): 7-9 points
  - **Class C** (decompensated): 10-15 points

5. APGAR Score (Newborn Assessment)

Indicator		0 Points	1 Point	2 points
A	Activity (Muscle tone) 	Absent	Flexed Limbs	Active
P	Pulse 	Absent	<100bpm	>100bpm
G	Grimace 	Floppy	Minimal response to stimulation	Prompt response to stimulation
A	Appearance 	Blue Pale	Pink body Blue extremities	Pink
R	Respiration 	Absent	Slow and irregular	Vigorous cry

- **Interpretation:**
  - **7–10 (Normal)** → The baby is in good physical condition.
  - **4–6 (Moderately Abnormal)** → The baby may need some breathing assistance.
  - **0-3 (Critically Low)** → The baby needs immediate, extensive resuscitation

6. Wells Score (DVT Probability)

Clinical features	Score
Active cancer (treatment ongoing, within 6 months or palliative) 	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden for ≥3 days, or major surgery within 12 weeks requiring general or regional anaesthesia 	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen 	1
Calf swelling is ≥ 3cm larger than the asymptomatic side	1
Pitting oedema confined to the symptomatic leg 	1

Collateral superficial veins (non-varicose)	1
Previously documented DVT	1
An alternative diagnosis is at least as likely as DVT	-2
Clinical probability simplified score • **≥2**: DVT likely • **≤1:** DVT unlikely	

7. Ranson's Criteria (Acute Pancreatitis Severity)

On admission 	• Age >55 years • White blood cell count >16 × 10^9/L • Blood glucose >11 mmol/L (>200 mg/dL) • LDH > 350 U/L • AST > 250 U/L
Within 48 hours 	• Hematocrit fall ≥ 10% • BUN increase > 1.8 mmol/L (5 mg/dL) despite fluids • Arterial PO_2 < 8 kPa (60 mmHg) • Serum calcium < 2.0 mmol/L (8 mg/dL) • Base deficit > 4 mmol/L • Fluid sequestration > 6 liters

8. MELD Score – Liver transplant prioritisation

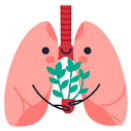
MELD (Model for End-Stage Liver Disease) Score	
	
3.78 × ln(bilirubin) + 11.2 × ln(INR) + 9.57 × ln(creatinine) + 6.43	
Score	**90-day risk of death**
Less than 9	1.9%
10 to 19	6%
20 to 29	19.6%
30 to 39	52.6%
Higher than 40	71.3%

9. Bishop's Score – Induction of labour readiness

Score	Cervical Factor				
	Dilatation (cm)	**Effacement (%)**	**Station (–3 to +2)**	**Consistency**	**Position**
0	Closed	0–30	-3	Firm	Posterior
1	1-2	40–50	-2	Medium	Midposition
2	3-4	60–70	-1	Soft	Anterior
3	≥5	≥80	+1, +2	-	-

Score >8: High likelihood for a successful induction
Score ≤6: Unfavourable

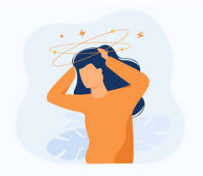
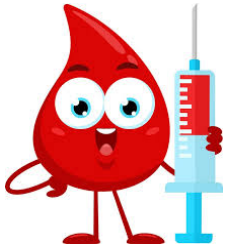
10. Biophysical Profile (BPP) – Fetal well-being

Component	Score 2	Score 0
Nonstress test 	≥2 accelerations within 20–40 min	0 or 1 acceleration within 20–40 min
Fetal breathing 	≥1 episode of rhythmic breathing lasting ≥30 sec	<30 sec of breathing
Fetal movement 	≥3 discrete body or limb movements	<3 discrete movements
Fetal tone	≥1 episode of extremity extension and subsequent return to flexion	0 extension/flexion events
Amniotic fluid volume	A pocket of amniotic fluid that measures at least 2 cm in two planes perpendicular to each other (2 × 2 cm pocket)	Deepest single vertical pocket ≤2 cm

Interpretation:

- **10 or 8/10 (Normal AFV)** → Normal, nonasphyxiated fetus
- **8/8** (NST not done)
- **8/10 (Decreased AFV)** → Chronic fetal asphyxia suspected
- **6 (Normal AFV)** → Equivocal
- **6 (Decreased AFV)** → Possible fetal asphyxia
- **4** → Probable fetal asphyxia
- **0 or 2** → Certain fetal asphyxia

11. Alvarado (MANTRELS) Score

Components			Score
Symptoms 	**M**	**M**igratory RIF pain	1
	A	**A**norexia	1
	N	**N**ausea and vomiting	1
Signs 	**T**	**T**enderness (RIF)	2
	R	**R**ebound tenderness	1
	E	**E**levated temperature	1
Laboratory Values 	**L**	**L**eukocytosis	2
	S	**S**hift to the left	1
Total			**10**
Score ≥7: Strongly predicts acute appendicitis			

12. Modified Wells' Criteria

Wells Clinical Prediction Rule for Pulmonary Embolism (PE)

CLINICAL FEATURE	POINTS
Clinical signs of deep-vein thrombosis	3
An alternative diagnosis is less likely than PE	3
Heart rate >100 beats/min	1.5
Immobilisation≥3 days or surgery in the previous 4 weeks	1.5
History of deep-vein thrombosis or pulmonary embolism	1.5
Malignancy (with treatment within 6 months) or palliative	1
Hemoptysis	1
Interpretation	
Score >6.0	High
Score 2.0–6.0	Intermediate
Score <2.0	Low

13. BISAP (Bedside Index of Severity in Acute Pancreatitis) Score

BISAP (Bedside Index of Severity in Acute Pancreatitis) Score

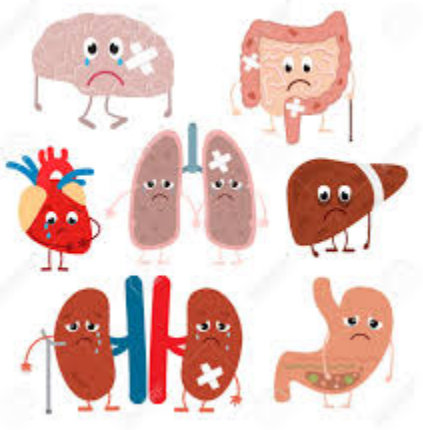
Parameters (within the first 24 hours of hospitalisation)		Score
B	BUN >25 mg/dL	1
I	Impaired mental status	1
S	SIRS: ≥2 of 4 present	1
A	Age >60 years	1
P	Pleural effusion	1

Interpretation:
Score of ≥3 (≥3 factors present) → Increased risk for in-hospital mortality

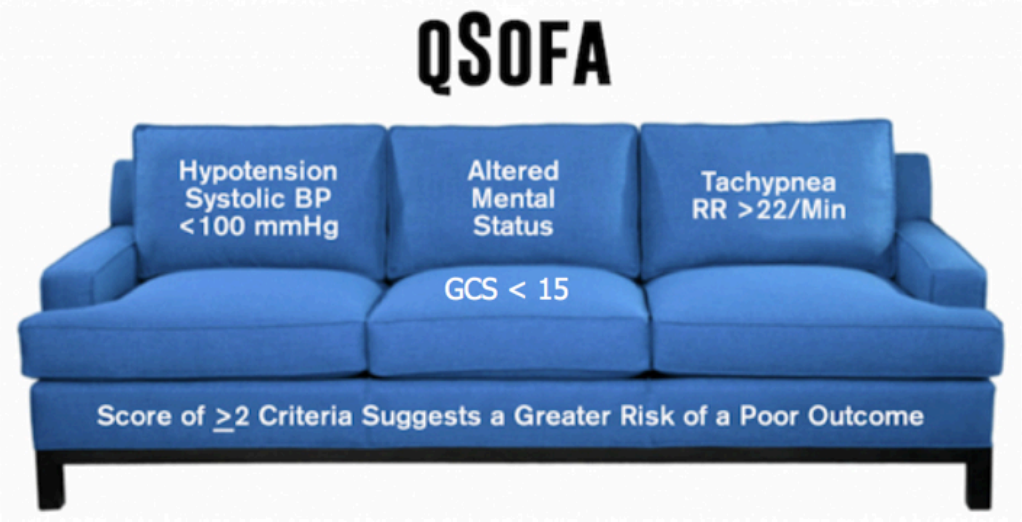
14. SOFA (Sequential Organ Failure Assessment) Score

SOFA (Sequential Organ Failure Assessment) Score					
System	**Score**				
	0	**1**	**2**	**3**	**4**
Respiration PaO_2/FiO_2, mmHg (kPa)	≥400 (53.3)	<400 (53.3)	<300 (40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
Coagulation Platelets, x $10^3/\mu L$	≥150	<150	<100	<50	<20
Liver Bilirubin, mg/dL (µmol/L)	<1.2 (20)	1.2–1.9 (20–32)	2.0–5.9 (33–101)	6.0–11.9 (102–204)	>12.0 (204)
Cardiovascular	MAP ≥70 mmHg	MAP <70 mmHg	Dopamine <5 or dobutamine (any dose)	Dopamine 5.1–15 or epinephrine ≤0.1 or norepinephrine ≤0.1	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1
Central nervous system Glasgow Coma Scale	15	13–14	10–12	6-9	<6
Renal Creatinine, mg/dL (µmol/L) or urine output, mL/day	<1.2 (110)	1.2–1.9 (110–170)	2.0–3.4 (171–299)	3.5–4.9 (300–440) or <500	>5.0 (440) or <200

SOFA score ≥3 in any system → Acute organ failure



15. qSOFA (Quick Sequential Organ Failure Assessment) Score



16. APACHE-II

APACHE II (Acute Physiology and Chronic Health Evaluation II)		
Components		
• Blood pressure • Temperature • Heart rate • Respiratory rate	• Serum Creatinine • WBC count • Glasgow Coma Scale • Sodium	• Hematocrit • Oxygenation • pH • Potassium
Score ≥ 8 → Severe acute pancreatitis 		

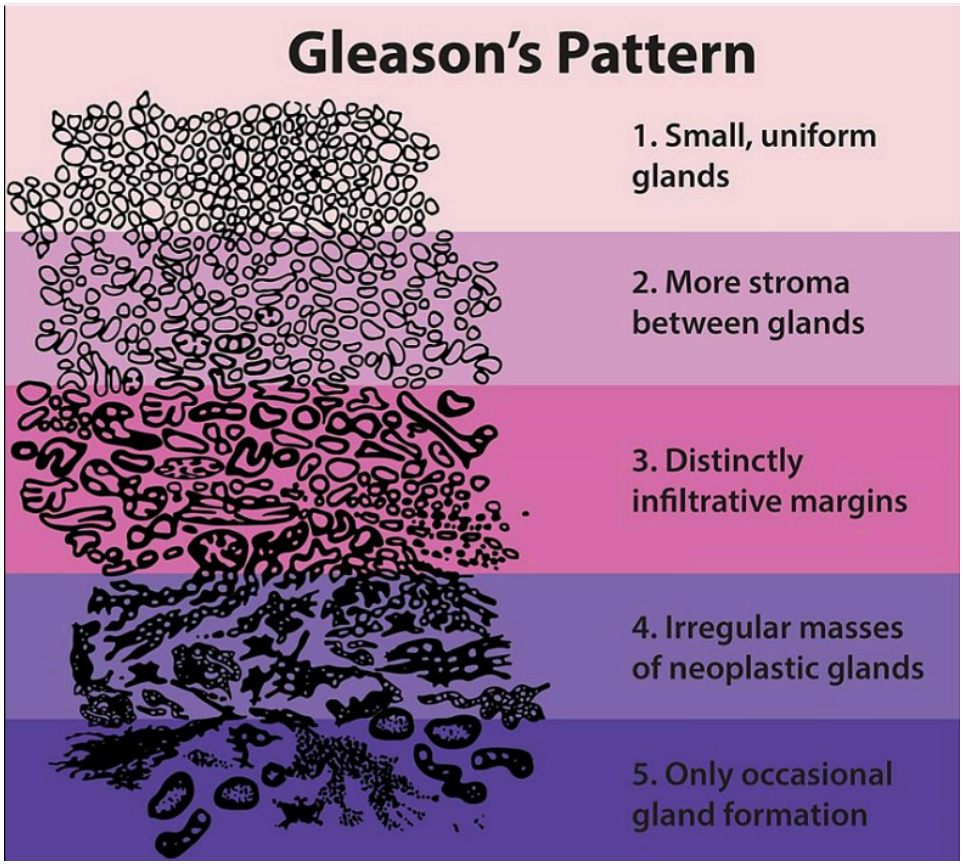
17. BI-RADS: Breast Imaging Reporting and Data System

Breast Imaging Reporting and Database System (BI-RADS)

Category	Assessment		Risk of malignancy
0	Incomplete assessment Additional imaging is required		NA
1	Negative Annual mammography is recommended		0%
2	Benign Annual mammography is recommended		0%
3	Probably benign Short-term follow-up is recommended.		> 0-2%
4	Suspicious Biopsy recommended		-
	4A	Low suspicion	> 2-10%
	4B	Moderate suspicion	>10-50%
	4C	High suspicion	>50-95%
5	Highly suggestive of malignancy Intervention is recommended		>95%
6	Biopsy-proven malignancy		NA

18. Gleason Score - CA Prostate

Grade	Gleason Score
1	3 + 3 = 6
2	3 + 4 = 7
3	4 + 3 = 7
4	8 (4 + 4 = 8, 3 + 5 = 8, 5 + 3 = 8)
5	≥9 (4 + 5 = 9, 5 + 4 = 9, 5 + 5 = 10)

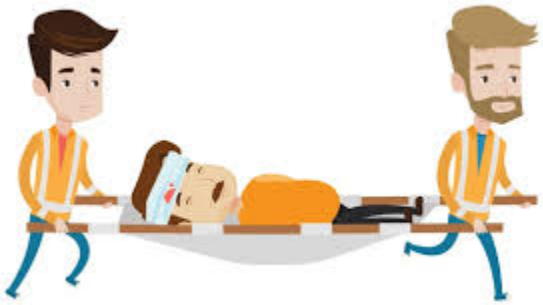


19. PELD Score (Pediatric End-Stage Liver Diseases)

PELD Score (Pediatric End-Stage Liver Diseases)	
	
Purpose	Assess the severity of liver disease in children <18 years
Components	• Total serum bilirubin (mg/dL) • INR (International Normalised Ratio) - For coagulation • Serum albumin (g/dL) • Growth failure • Age

20. Trauma Scoring Systems

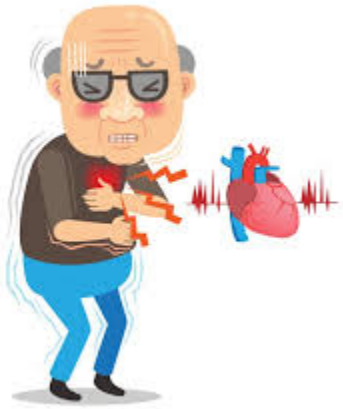
Trauma Scoring Systems



Scoring Systems	Components
Revised trauma score (RTS)	• GCS (Glasgow coma scale) • BP (systolic) • Respiratory rate
Trauma & injury severity score (TRISS)	• Injury severity score • Revised trauma score • Age • Mechanism (blunt/penetrating)
Mangled Extremity Severity Score (MESS)	• Energy • Limb Ischemia • Shock • Age

21. TIMI Risk Score

TIMI (Thrombolysis in Myocardial Infarction) Risk Score for NSTE-ACS



Risk Markers

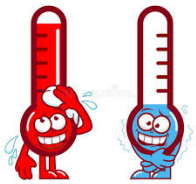
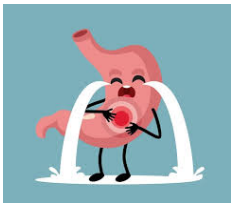
- Age ≥65 years
- Known CAD (≥50% stenosis)
- ST deviation >0.5mm on the presenting ECG
- ↑ cardiac markers
- ≥2 original episodes in the prior 24 h
- Prior angina
- ≥3 CAD risk factors

NO. OF RISK MARKERS	INCIDENCE OF ADVERSE CARDIAC EVENTS (%)
0/1	5
2	8
3	13
4	20
5	26
6/7	41

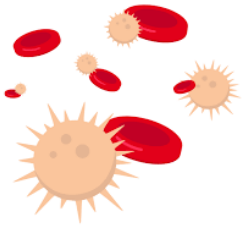
22. Modified Jones Criteria

Modified Jones Criteria (2015)
Major Criteria
● Carditis: Clinically detectable, subclinical (**Hallmark:** Endocarditis) ● Arthritis : ○ **Low-risk population:** Migratory polyarthritis ○ **High-risk population:** Monoarthritis/polyarthritis, Polyarthralgia ● Sydenham's chorea ● Subcutaneous nodules/ erythema marginatum
Minor Criteria
● Fever ○ **Low-risk population:** >38.5°C ○ **Moderate - High risk population** >38°C ● Elevated ESR ● CRP >3.0mg/dL ● P-R interval prolongation ● Arthralgia: ○ **Low-risk population:** Polyarthralgia ○ **Moderate - High risk population:** Monoarthralgia
ARF (Acute Rheumatic Fever) → 2 major criteria OR 1 major + 2 minor criteria 

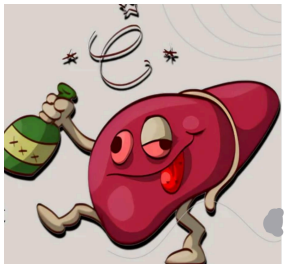
23. Burch Wartofsky scale - Thyroid storm

<table>
<tr><th colspan="2">Burch Wartofsky Scale</th></tr>
<tr><td>Purpose</td><td>Assess the likelihood and severity of thyroid storm</td></tr>
<tr><td rowspan="5">Components</td><td>Thermoregulatory dysfunction (fever)
  </td></tr>
<tr><td>Central nervous system (agitation, delirium, psychosis, lethargy, seizure, coma)
  </td></tr>
<tr><td>Gastrointestinal–hepatic dysfunction (diarrhoea, nausea/vomiting, abdominal pain, jaundice)
  </td></tr>
<tr><td>Cardiovascular dysfunction (tachycardia, atrial fibrillation, congestive heart failure)
 
</td></tr>
<tr><td>Precipitating event (=/-)</td></tr>
<tr><td colspan="2">Score Interpretation</td></tr>
<tr><td>> 45
25 - 45
< 25</td><td>Thyroid storm
Impending storm
Storm unlikely</td></tr>
</table>

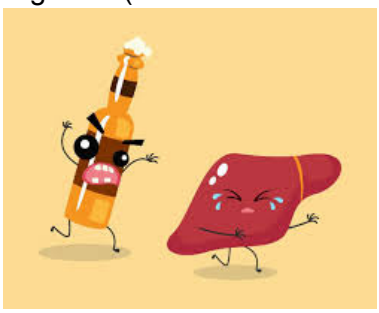
24. Sokal Risk Score

Sokal Risk Score 	
Purpose	Assess the prognosis of patients with chronic myeloid leukaemia (CML)
Components	• Age • Spleen size (cm below the costal margin) • Platelet count • Myeloblast percentage in peripheral blood smear (PBS)
Risk Stratification	< 0.8 → **Low risk** 0.8 – 1.2 → **Intermediate risk** > 1.2 → **High risk**

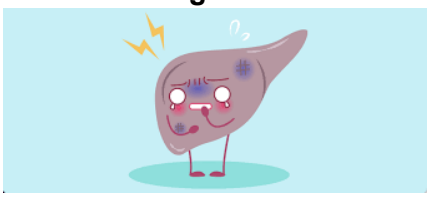
25. Maddrey's Discriminant Function/ Score

Maddrey's Discriminant Function (MDF) or Maddrey's Score 	
Purpose	To check the severity of alcoholic hepatitis
Formula	4.6×(prolongation of prothrombin time above control in seconds) + serum bilirubin (mg/dL)
Value > 32 → Indication to start the treatment.	

26. Glasgow Alcoholic Hepatitis Score

Glasgow Alcoholic Hepatitis Score			
Parameters	**Points**		
	1	**2**	**3**
Age	<50 years	≥ 50 years	
WBC Count	< 15 × 10^9/L	≥ 15 × 10^9/L	
Urea (mmol/L)	< 5	≥ 5	
INR	< 1.5	1.5 - 2.0	> 2.0
Serum bilirubin (µmol/L)	< 125	125 - 250	> 250
Score ≥9 → Poor Prognosis (severe disease with high mortality risk) 			

27. NAZER index

Nazer Prognostic Index 	
Purpose	Predict the prognosis of patients with Wilson's disease complicated by fulminant hepatic failure
Parameters	• Serum bilirubin • INR (International Normalised Ratio) • SGOT / AST (Serum Glutamic-Oxaloacetic Transaminase / Aspartate Aminotransferase)
Interpretation	**Score <7** → Medical treatment **Score >9** → Orthotopic liver transplantation

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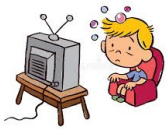
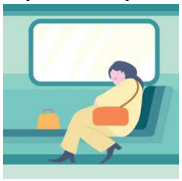
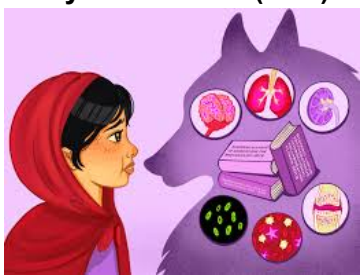
28. Epworth Sleepiness Questionnaire - OSA

Epworth Sleepiness Questionnaire				
How likely are you to doze off in the following situations?	**No chance**	**Slight chance**	**Moderate chance**	**High chance**
Sitting and reading 	0	1	2	3
Watching television 	0	1	2	3
Sitting, inactive in a public space 	0	1	2	3
Lying down to rest in the afternoon when circumstances permit 	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
Score > 8 → Medical evaluation recommended; polysomnography advised				

29. 2019 ACR/EULAR Criteria - SLE

European League Against Rheumatism Classification Criteria for Systemic Lupus Erythematosus (SLE)



Clinical domains and criteria	Weight	Immunology domain and criteria	Weight
Constitutional Fever	2	**Antiphospholipid antibodies** Anti-cardiolipin antibodies OR Anti-b2GP1 antibodies OR Lupus anticoagulant	2
Hematologic Leukopenia Thrombocytopenia Autoimmune hemolysis	 3 4 4	**Complement proteins** Low C3 OR low C4 Low C3 AND C4	 3 4
Neuropsychiatric Delirium Psychosis Seizure	 2 3 5	**SLE - specific antibodies** Anti-ds DNA antibody OR Anti-Smith antibody	 6
Mucocutaneous Non-scarring alopecia Oral ulcers Subacute cutaneous OR discoid lupus Acute cutaneous lupus	 2 2 4 6		
Serosal Pleural or pericardial effusion Acute pericarditis	 5 6		
Musculoskeletal Joint Involvement	 6		
Renal Proteinuria >0.5 g/24 h Renal biopsy Class II or V lupus nephritis Renal biopsy Class III or IV lupus nephritis	 4 8 10		
Systemic Lupus Erythematosus → Score of **≥ 10** + Entry criterion fulfilled			