

Richmond Agitation Sedation Scale (RASS)

Patient Name:

Date Assessed:

Assessor Name:

	Score	Term	Description
<input type="checkbox"/>	+4	Combative	Overtly combative, violent, immediate danger to staff
<input type="checkbox"/>	+3	Very Agitated	Pulls or removes tube(s) or catheter(s); aggressive
<input type="checkbox"/>	+2	Agitated	Frequent non-purposeful movement, fights ventilator
<input type="checkbox"/>	+1	Restless	Anxious but movements not aggressive vigorous
<input type="checkbox"/>	0	Alert and Calm	
<input type="checkbox"/>	-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 seconds)
<input type="checkbox"/>	-2	Light Sedation	Briefly awakens with eye contact to voice (<10 seconds)
<input type="checkbox"/>	-3	Moderate Sedation	Movement or eye opening to voice (but no eye contact)
<input type="checkbox"/>	-4	Deep Sedation	No response to voice, but movement or eye opening to physical stimulation
<input type="checkbox"/>	-5	Unarousable	No response to voice or physical stimulation

Verbal
Stimulation

Physical
Stimulation

Procedure for RASS Assessment

1. Observe patient

a. Patient is alert, restless, or agitated. (score 0 to +4)

2. If not alert, state patient's name and say to open eyes and look at speaker.

b. Patient awakens with sustained eye opening and eye contact. (score -1)

c. Patient awakens with eye opening and eye contact, but not sustained. (score -2)

d. Patient has any movement in response to voice but no eye contact. (score -3)

3. When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum.

e. Patient has any movement to physical stimulation. (score -4)

f. Patient has no response to any stimulation. (score -5)

Additional Notes:

* Sessler CN, Gosnell M, Grap MJ, Brophy GT, O'Neal PV, Keane KA et al. The Richmond Agitation- Sedation Scale: validity and reliability in adult intensive care patients. Am J Respir Crit Care Med 2002; 166:1338-1344.

* Ely EW, Truman B, Shintani A, Thomason JWW, Wheeler AP, Gordon S et al. Monitoring sedation status over time in ICU patients: the reliability and validity of the Richmond Agitation Sedation Scale (RASS). JAMA 2003; 289:2983-2991.