

Sedation Scale Nursing (Ramsay Sedation Scale)

Patient Information

Name:

Hospital ID:

Date of Assessment:

Time of Assessment:

Assessing Nurse:

Ramsay Sedation Scale (RSS) Assessment

The Ramsay Sedation Scale (RSS) is a standardized tool for assessing the depth of sedation in patients. Below is the scale, adapted from Ramsay MA, Savage TM, Simpson B, et al: Controlled sedation with alphaxalone-alphadolone. British Medical Journal 22;2(5920):656–659.

[DOI: 10.1136/bmj.2.5920.656](https://doi.org/10.1136/bmj.2.5920.656)

Please mark the patient's observed level of sedation according to the criteria below:

- 1** - Awake; agitated or restless or both
- 2** - Awake; cooperative, oriented, and tranquil
- 3** - Awake but responds to commands only
- 4** - Asleep; brisk response to light glabellar tap or loud auditory stimulus
- 5** - Asleep; sluggish response to light glabellar tap or loud auditory stimulus
- 6** - Asleep; no response to glabellar tap or loud auditory stimulus

Clinical Observations

Patient's Current Medications (Include sedatives, analgesics, etc.):

Patient's Medical Condition(s) Affecting Sedation Level:

Recent Changes in Sedation Protocol or Medications:

Nursing Interventions & Actions

Adjustments to Sedation (if any):

Additional Monitoring Requirements:

Patient Safety Measures Implemented:

Communication with Healthcare Team:

Follow-Up and Monitoring

Next Scheduled Assessment

Date:

Time:

Specific Observations or Concerns to Monitor:

Nurse's Signature

Date:

Physician's Review (if required)

Comments/Orders:

Physician's Signature:

Date:

Source

MSD Manuals. (n.d.). *The Ramsay Sedation Scale*. Retrieved from [Table: The Ramsay Sedation Scale - MSD Manual Professional Edition](#)