



Spreading Knowledge – Improving Outcomes

Assessment of Agitation/Sedation Level in the ICU

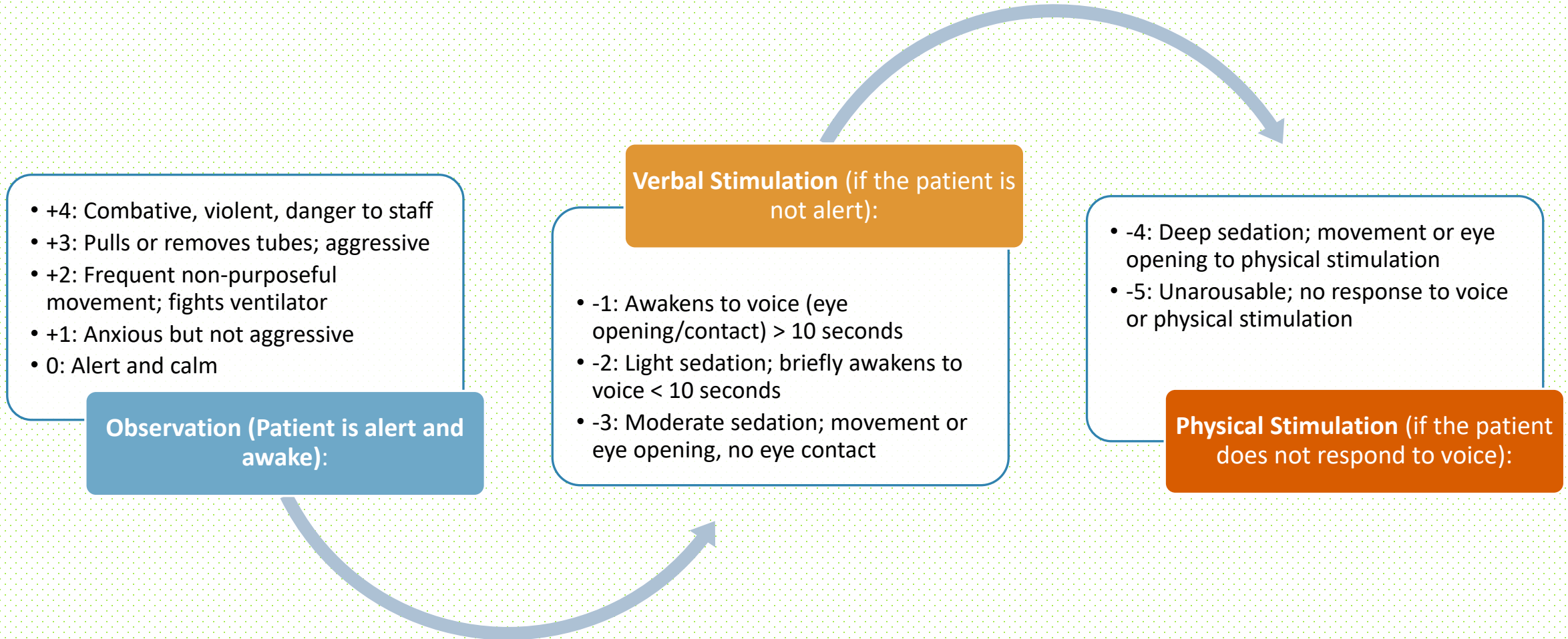


RASS

RICHMOND AGITATION SEDATION SCALE

| | | | | | |
|-----------------|----|-----------------------|--------------------------|---|----------------|
| AGITATED | +4 | AGITATED | COMBATIVE | Overtly Violent | |
| | +3 | | VERY AGITATED | Pulls on lines/tubes, aggressive | |
| | +2 | | AGITATED | Frequent non-purposeful movements / fights vent | |
| | +1 | | RESTLESS | Anxious / Apprehensive | |
| | 0 | ALERT and CALM | ALERT and CALM | | |
| SEDATED | -1 | SEDATED | DROWSY | > 10 second eye contact to voice | } VOICE |
| | -2 | | LIGHT SEDATION | < 10 second eye contact to voice | |
| | -3 | | MODERATE SEDATION | Reaction but no eye contact to voice | |
| | -4 | | DEEP SEDATION | Reaction to physical Stimulation ONLY | ← TOUCH |
| | -5 | | UNAROUSABLE | NO RESPONSE to voice or physical stimulation | |

How to Perform RASS Assessment





RASS

RICHMOND AGITATION SEDATION SCALE

| | | | | | |
|-----------------|----|-----------------------|-----------------------|---|----------------|
| AGITATED | +4 | AGITATED | COMBATIVE | Overtly Violent | |
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| | 0 | ALERT and CALM | ALERT and CALM | | |
| SEDATED | -1 | SEDATED | Light Sedation | > 10 second eye contact to voice | } VOICE |
| | -2 | | | < 10 second eye contact to voice | |
| | -3 | | | Reaction but no eye contact to voice | |
| | -4 | | Deep Sedation | Reaction to physical Stimulation ONLY | ← TOUCH |
| | -5 | | | NO RESPONSE to voice or physical stimulation | |

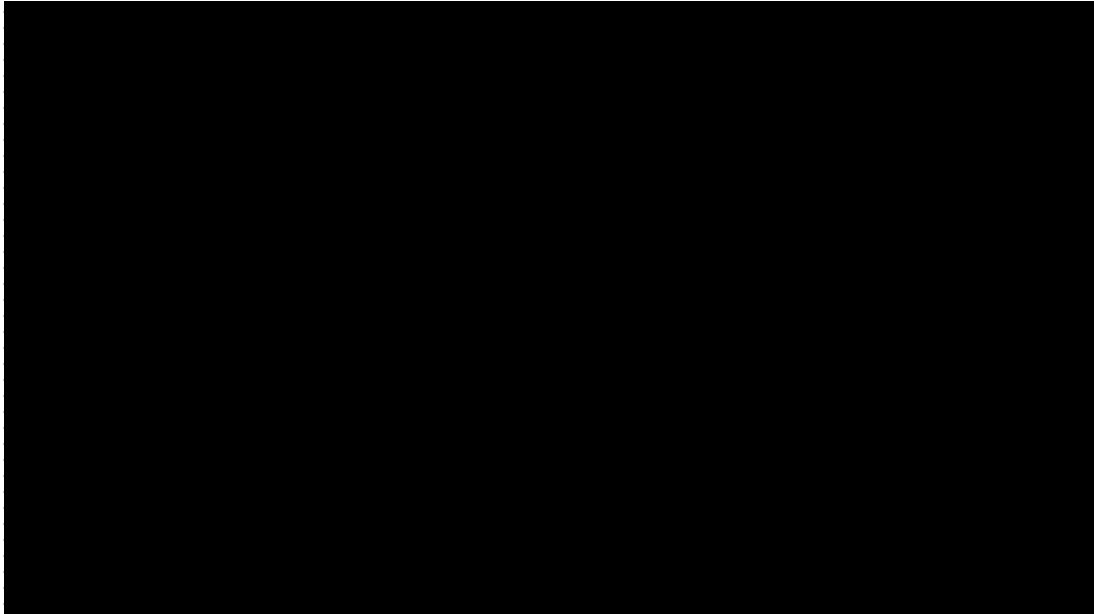
RASS

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

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[RASS Assessment Example](#)



RASS: Richmond Agitation-sedation scale

iCUM
R E A C H

| | |
|-----------------------------|--|
| Sedation/Side Effects | |
| RASS Score | |
| RASS Goal | |
| RASS Intervention | |
| Medication Side Effects | |
| Spontaneous Awakening Trial | |

Select Single Option: (F5)

- +4=Combative - Overtly combative or violent - immediate danger to staff
- +3=Very agitation - Pulls on or removes tube(s) or catheter(s) or has aggressive behavior toward staff
- +2=Agitated - Frequent nonpurposeful movement or patient-ventilator dyssynchrony
- +1=Restless - Anxious or apprehensive but movements not aggressive or vigorous
- 0=Alert and calm
- 1=Drowsy - Not fully alert, but has sustained (more than 10 seconds) awakening, with eye contact , to voice
- 2=Light sedation - Briefly (less than 10 seconds) awakens with eye contact to voice
- 3=Moderate sedation - Any movement (but no eye contact) to voice
- 4=Deep sedation - No response to voice, but any movement to physical stimulation
- 5=Unarouseable - No response to voice or physical stimulation

Comment (F6)

Row Information ⤴

Procedure:

1. Observe patient. Is patient alert and calm (score 0)
Does patient have behavior that is consistent with restlessness or agitation, (score +1-+4 using the criteria listed above)
2. If patient is not alert, in a loud speaking voice state patient's name and direct patient to open eyes and look at speaker. Repeat once if necessary. Can prompt patient to continue looking at speaker.
Patient has eye opening and eye contact, which is sustained for more than 10 seconds (score -1)
Patient has eye opening and eye contact, but this is not sustained for 10 seconds (score -2)
Patient has any movement in response to voice, excluding eye contact (score -3)
3. If patient does not respond to voice, physically stimulate patient by shaking shoulder and then rubbing sternum if there is no response to shaking shoulder.
Patient has any movement to physical stimulation (score -4)
Patient has no response to voice or physical stimulation (score -5)

RASS:
TO BE COMPLETED AT A
MINIMUM OF EVERY 4 HOURS
AND AS NEEDED WITH
TITRATION OF SEDATION
INFUSIONS OR ADMIN OF PRN
SEDATION



Thank You

