

# Richmond Agitation Sedation Scale (RASS)

Patient name: \_\_\_\_\_ Date assessed: \_\_\_\_\_

Relevant medical information (if needed):

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

\*Verbal stimulation \*\*Physical stimulation

## Procedure for RASS assessment

Procedure	Score
<b>1. Observe patient.</b>	
a. Is the patient alert and calm?	a. 0
b. Does patient have behavior that is consistent with restlessness or agitation?	b. +1 to +4
<b>2. If not alert, state patient's name and say to open eyes and look at speaker.</b>	
a. Patient awakens with sustained eye opening and eye contact.	a. -1
b. Patient awakens with eye-opening and eye contact, but not sustained.	b. -2
c. Patient has any movement in response to voice but no eye contact.	c. -3
<b>3. When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum.</b>	
a. Patient has any movement to physical stimulation.	a. -4
b. Patient has no response to any stimulation.	b. -5

## Additional notes

Assessor's name:

Assessor's signature:

Date:

## References

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.

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.