**RICHMOND AGITATION-SEDATION SCALE (RASS)**

**STEP 1**

**Sedation Assessment**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Label</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+4</td>
<td>COMBATIVE</td>
<td>Combative, violent, immediate danger to staff</td>
</tr>
<tr>
<td>+3</td>
<td>VERY AGITATED</td>
<td>Pulls to remove tubes or catheters; aggressive</td>
</tr>
<tr>
<td>+2</td>
<td>AGITATED</td>
<td>Frequent non-purposeful movement, fights ventilator</td>
</tr>
<tr>
<td>+1</td>
<td>RESTLESS</td>
<td>Anxious, apprehensive, movements not aggressive</td>
</tr>
<tr>
<td>0</td>
<td>ALERT &amp; CALM</td>
<td>Spontaneously pays attention to caregiver</td>
</tr>
<tr>
<td>-1</td>
<td>DROWSY</td>
<td>Not fully alert, but has sustained awakening to voice (eye opening &amp; contact &gt;10 sec)</td>
</tr>
<tr>
<td>-2</td>
<td>LIGHT SEDATION</td>
<td>Briefly awakens to voice (eyes open &amp; contact &lt;10 sec)</td>
</tr>
<tr>
<td>-3</td>
<td>MODERATE SEDATION</td>
<td>Movement or eye opening to voice (no eye contact)</td>
</tr>
</tbody>
</table>

If RASS is ≥ -3 proceed to CAM-ICU (Is patient CAM-ICU positive or negative?)

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<tr>
<td>-4</td>
<td>DEEP SEDATION</td>
<td>No response to voice, but movement or eye opening to physical stimulation</td>
</tr>
<tr>
<td>-5</td>
<td>UNAROUSEABLE</td>
<td>No response to voice or physical stimulation</td>
</tr>
</tbody>
</table>

If RASS is -4 or -5 STOP (patient unconscious), RECHECK later

Sessler, et al., Am J Respir Crit Care Med 2002; 166: 1338-1344  
Sessler, et al., JAMA 2003; 286, 2983-2991
STEP 2

DELIRIUM ASSESSMENT

1. Acute Change or Fluctuating Course of Mental Status:
   - Is there an acute change from mental status baseline? OR
   - Has the patient’s mental status fluctuated during the past 24 hours?
   NO → CAM-ICU negative NO DELIRIUM
   YES →

2. Inattention:
   - “Squeeze my hand when I say the letter ‘A’.”
   - Read the following sequence of letters: S A V E A H A R T
   - ERRORS: No squeeze with ‘A’ & Squeeze on letter other than ‘A’
   - If unable to complete Letters → Pictures
   0 - 2 Errors → CAM-ICU negative NO DELIRIUM
   > 2 Errors →

3. Altered Level of Consciousness
   Current RASS level (think back to sedation assessment in Step 1)
   RASS other than zero → CAM-ICU positive DELIRIUM Present
   RASS = zero →

4. Disorganized Thinking:
   1. Will a stone float on water?
   2. Are there fish in the sea?
   3. Does one pound weigh more than two?
   4. Can you use a hammer to pound a nail?
   Command: “Hold up this many fingers” (Hold up 2 fingers)
   OR “Add one more finger” (If patient unable to move both arms)
   “Now do the same thing with the other hand” (Do not demonstrate)
   0 - 1 Error → CAM-ICU negative NO DELIRIUM
   > 1 Error →

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