

APPENDIX F: THE RICHMOND AGITATION-SEDATION SCALE (RASS)¹²

+4	Combative	Combative, violent, immediate danger to staff
+3	Very agitated	Pulls to remove tubes or catheters; aggressive
+2	Agitated	Frequent non purposeful movement; fights ventilator
+1	Restless	Anxious, apprehensive, movements not aggressive
0	Alert and calm	Spontaneously pays attention to caregiver
-1	Drowsy	Not fully alert but has sustained awakening to voice (eye opening and contact >10 seconds)
-2	Light sedation	Briefly awakens to voice (eyes open and contact <10 seconds)
-3	Moderate sedation	Movement of eye opening to voice (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
Procedure for RASS assessment		Score
1. Observe patient. • Patient is alert, restless, or agitated.		0 to +4
2. If not alert, state patient's name and tell patient to open eyes and look at speaker. • Patient awakens with sustained eye opening and eye contact. • Patient awakens with eye opening and eye contact, but not sustained. • Patient has any movement in response to voice but no eye contact.		-1 -2 -3
3. When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum. • Patient has any movement to physical stimulation. • Patient has no response to any stimulation.		-4 -5