



RASS

Level of Consciousness Assessment
Richmond Agitation-Sedation Scale

+4	Violent, immediate danger to staff		<p>→</p> <p>Proceed to CAM-ICU</p> <p>Is the patient delirious? Assess with the CAM-ICU.</p>
+3	Pulls to remove tubes or catheters; aggressive		
+2	Frequent non-purposeful movement, fights ventilator		
+1	Anxious, apprehensive, movements not aggressive		
0	Spontaneously pays attention to caregiver		
-1	Not fully alert, but has sustained awakening to voice <i>Eye opening & contact > 10 sec</i>	Voice	
-2	Briefly awakens to voice <i>Eyes open & contact < 10 sec</i>	Voice	
-3	Movement or eye opening to voice <i>No eye contact</i>	Voice	
-4	No response to voice, but movement or eye opening to physical stimulation	Touch	
-5	No response to voice or physical stimulation	Touch	
			<p>X</p> <p>STOP</p> <p>Patient comatose, RECHECK later</p>