

RASS and CAM-ICU Worksheet

Step One: Sedation Assessment

The Richmond Agitation and Sedation Scale: The RASS*

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 vigorous	
0	Alert and calm		
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to <i>voice</i> (≥10 seconds)	}
-2	Light sedation	Briefly awakens with eye contact to <i>voice</i> (<10 seconds)	
-3	Moderate sedation	Movement or eye opening to <i>voice</i> (but no eye contact)	
-4	Deep sedation	No response to voice, but movement or eye opening to <i>physical</i> stimulation	}
-5	Unarousable	No response to <i>voice or physical</i> stimulation	

Procedure for RASS Assessment

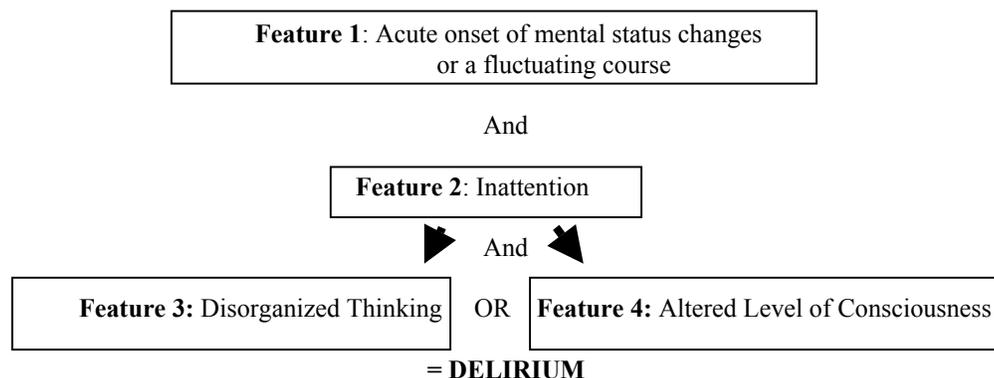
1. **Observe patient**
 - a. Patient is alert, restless, or agitated. (score 0 to +4)
2. **If not alert, state patient's name and say to open eyes and look at speaker.**
 - a. Patient awakens with sustained eye opening and eye contact. (score -1)
 - b. Patient awakens with eye opening and eye contact, but not sustained. (score -2)
 - c. Patient has any movement in response to voice but no eye contact. (score -3)
3. **When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum.**
 - a. Patient has any movement to physical stimulation. (score -4)
 - b. Patient has no response to any stimulation. (score -5)

If RASS is -4 or -5, then **Stop** and **Reassess** patient at later time

If RASS is above -4 (-3 through +4) then **Proceed to Step 2**

*Sessler, et al. AJRCCM 2002; 166:1338-1344. Ely, et al. JAMA 2003; 289:2983-2991.

Step Two: Delirium Assessment



CAM-ICU Worksheet

Feature 1: Acute Onset or Fluctuating Course	Positive	Negative
Positive if you answer 'yes' to either 1A or 1B.		
1A: Is the pt different than his/her baseline mental status? <div style="text-align: center;">Or</div> 1B: Has the patient had any fluctuation in mental status in the past 24 hours as evidenced by fluctuation on a sedation scale (e.g. RASS), GCS, or previous delirium assessment?	Yes	No
Feature 2: Inattention	Positive	Negative
Positive if either score for 2A <u>or</u> 2B is less than 8. Attempt the ASE letters first. If pt is able to perform this test and the score is clear, record this score and move to Feature 3. If pt is unable to perform this test <u>or</u> the score is unclear, then perform the ASE Pictures. If you perform both tests, use the ASE Pictures' results to score the Feature.		
2A: ASE Letters: record score (enter NT for not tested) <i>Directions:</i> Say to the patient, "I am going to read you a series of 10 letters. Whenever you hear the letter 'A,' indicate by squeezing my hand." Read letters from the following letter list in a normal tone. <div style="text-align: center;">S A V E A H A A R T</div> Scoring: Errors are counted when patient fails to squeeze on the letter "A" and when the patient squeezes on any letter other than "A."	Score (out of 10): _____	
2B: ASE Pictures: record score (enter NT for not tested) Directions are included on the picture packets.	Score (out of 10): _____	
Feature 3: Disorganized Thinking	Positive	Negative
Positive if the combined score is less than 4		
3A: Yes/No Questions (Use either Set A <u>or</u> Set B, alternate on consecutive days if necessary): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Set A</p> <ol style="list-style-type: none"> 1. Will a stone float on water? 2. Are there fish in the sea? 3. Does one pound weigh more than two pounds? 4. Can you use a hammer to pound a nail? </div> <div style="width: 45%;"> <p style="text-align: center;">Set B</p> <ol style="list-style-type: none"> 1. Will a leaf float on water? 2. Are there elephants in the sea? 3. Do two pounds weigh more than one pound? 4. Can you use a hammer to cut wood? </div> </div> Score ____ (Patient earns 1 point for each correct answer out of 4)	Combined Score (3A+3B): _____ (out of 5)	
3B: Command Say to patient: "Hold up this many fingers" (Examiner holds two fingers in front of patient) "Now do the same thing with the other hand" (Not repeating the number of fingers). *If pt is unable to move both arms, for the second part of the command ask patient "Add one more finger" Score ____ (Patient earns 1 point if able to successfully complete the entire command)		
Feature 4: Altered Level of Consciousness	Positive	Negative
Positive if the Actual RASS score is anything other than "0" (zero)		
Overall CAM-ICU (Features 1 and 2 and either Feature 3 or 4):	Positive	Negative

Copyright © 2002, E. Wesley Ely, MD, MPH and Vanderbilt University, all rights reserved.