Richmond Agitation- Sedation Scale: Palliative Version (RASS-PAL)

Score	Term	Description	
+4	Combative	Overtly combative, violent, immediate danger to staff (e.g. throwing items); +/- attempting to get out of bed or chair	
+3	Very agitated	Pulls or removes lines (e.g. IV/SQ/Oxygen tubing) or catheter(s); aggressive, +/- attempting to get out of bed or chair	
+2	Agitated	Frequent non-purposeful movement, +/- attempting to get out of bed or chair	
+1	Restless	Occasional non-purposeful movement, 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 or longer)**	Verbal Stimulation
-2	Light sedation	Briefly awakens with eye contact to *voice* **(less than 10 seconds)**	
-3	Moderate sedation	Any movement (eye or body) or eye opening to *voice* **(but no eye contact)**	
-4	Deep sedation	No response to voice , but any movement (eye or body) or eye opening to *stimulation by light touch*	Gentle Physical Stimulation
-5	Not rousable	No response to *voice or stimulation by light touch*	

Adapted with permission from Bush, S.H. et al. (2014). The Richmond Agitation- Sedation Scale modified for palliative care inpatients (RASS-PAL): a pilot study exploring validity and feasibility in clinical practice. *BMC Palliative Care, 13,* 17-25.

Procedure for RASS-PAL Assessment

1. Observe patient for **20 seconds.**

   a. Patient is alert, restless, or agitated **for more than 10 seconds** — Score 0 to +4

   NOTE: If patient is alert, restless, or agitated for less than 10 seconds and is otherwise drowsy, then score patient according to your assessment for the majority of the observation period

2. If not alert, greet patient and call patient by name and *say* to open eyes and look at speaker.

   b. Patient awakens with sustained eye opening and eye contact **(10 seconds or longer).** — Score -1

   c. Patient awakens with eye opening and eye contact, but not sustained **(less than 10 seconds).** — Score -2

   d. Patient has any eye or body movement in response to voice but no eye contact. — Score -3

3. When no response to verbal stimulation, physically stimulate patient by light touch e.g. gently shake shoulder.

   e. Patient has any eye or body movement to gentle physical stimulation. — Score -4

   f. Patient has no response to any stimulation. — Score -5

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