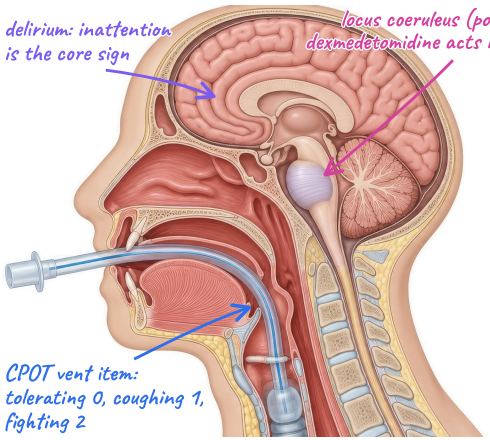
ER BASICS · ONE-PAGER

Sedation, Pain and Delirium Scales

RASS, CPOT, BPS, CAM-ICU, ICDSC, SAT/SBT, and PADIS 2018 with the 2025 update

24 sources + more detail
erbasics.com/sheets/sedation-scales.html
checked Oct 2026

WHY Analgesia first, then light sedation



1 RASS: Sedation and Agitation

Observe first, then voice, then touch.

RASS	LEVEL	WHAT YOU SEE
+4	Combative	Violent; staff in danger
+3	Very agitated	Pulls tubes or lines; aggressive
+2	Agitated	Purposeless movement; fights vent
+1	Restless	Anxious; not aggressive
0	Alert and calm	Attends to you on their own
−1	Drowsy	Sustained eye contact to voice, >10 s
−2	Light sedation	Brief eye contact to voice, <10 s
−3	Moderate sedation	Moves or opens eyes to voice; no eye contact
−4	Deep sedation	No response to voice; moves to touch
−5	Unarousable	No response to voice or touch

Default goal for ventilated adults: light sedation (RASS −2 to +1 in the PADIS 2018 trials). 'Awake' during an SAT: RASS −1 to +1.

EXAM TIP Exams favor light sedation unless deep is needed (such as a paralytic). It's linked to faster extubation and fewer tracheostomies.

2 Pain When the Patient Can't Self-Report

Self-report (0 to 10) is the gold standard; if the patient can't report, use CPOT or BPS. Vital sign changes only prompt an assessment; they don't measure pain.

Score at rest and during turning.

FEATURE	CPOT	BPS
Items	Face, body, muscle tension, vent or vocalization	Face, upper limbs, vent (BPS-NI: vocalization)
Each item	0 to 2	1 to 4
Total	0 to 8	3 to 12
Significant pain	>2	>5

EXAM TIP Classic stem: ventilated, grimacing, fighting the vent, CPOT 5. First action: an opioid, then rescore, not a benzodiazepine.

3 Delirium: CAM-ICU and ICDSC

1. RASS first: at −4 or −5, chart 'unable to assess' and recheck later.
2. Feature 1: acute change from baseline or fluctuating course (past 24 h).
3. Feature 2, inattention: squeeze on each 'A' in 10 letters; over 2 errors is positive.
4. Feature 3, altered consciousness: RASS not 0.
5. Feature 4, disorganized thinking: 4 yes/no questions and a 2-step command; over 1 error is positive.
6. Delirium = Features 1 and 2, plus 3 or 4.

ICDSC: 8 items scored 0 or 1 over a whole shift (consciousness, inattention, disorientation, hallucinations, psychomotor, speech/mood, sleep, fluctuation). CAM-ICU is a point-in-time test. Neither tool scores coma.

ICDSC	MEANING
0	No delirium
1 to 3	Subsyndromal delirium
4 to 8	Delirium

SAFETY Quiet patients get missed. Hypoactive and mixed delirium are the most common ICU types; under 5% are purely hyperactive.

4 SAT + SBT: Wake Up and Breathe

Pair a daily spontaneous awakening trial (SAT) with a spontaneous breathing trial (SBT). ABC trial: more vent-free days, lower 1-year mortality.

1. SAT screen: no active seizures, alcohol withdrawal, agitation, paralytic or myocardial ischemia; normal ICP.
2. Stop sedatives, plus opioid infusions if pain is controlled.
3. SAT fails: agitation, anxiety or pain; RR >35; SpO_2 <88%; distress; new arrhythmia. Restart at half the previous dose and titrate.
4. SBT screen: SpO_2 ≥88%, FiO_2 ≤50%, PEEP ≤7.5; no agitation, ischemia or vasopressors; breathing efforts.
5. SBT fails: RR >35 or <8; SpO_2 <88%; distress; mental status change; new arrhythmia. Return to full support; rescreen next day.
6. SBT passed: consider extubation.

EXAM TIP SAT before SBT. A failed SAT restarts at half dose, not the old rate.

5 ABCDEF Bundle

- A: Assess, prevent, manage pain
- B: Both SAT and SBT
- C: Choice of analgesia and sedation
- D: Delirium: assess, prevent, manage
- E: Early mobility and exercise
- F: Family engagement and empowerment

6 PADIS Guideline Key Points

- Analgesia-first: treat pain before a sedative; acetaminophen with an opioid spares opioids.
- Propofol or dexmedetomidine over benzodiazepines (2018). 2025: dexmedetomidine over propofol in ventilated adults if light sedation or less delirium is the priority. Dexmedetomidine is not for deep sedation; consider another agent if bradycardia risk is high.
- Prevent delirium with multicomponent non-drug care: reorientation, sleep, mobility, glasses, hearing aids.
- Antipsychotics: not routine to prevent or treat delirium (2018); short-term use may help distressing or dangerous symptoms. 2025 made no treatment recommendation.
- Delirium with agitation blocking weaning or extubation: dexmedetomidine (2018).
- 2025 also suggests enhanced mobilization and melatonin (may lower delirium; little effect on sleep time).

DRUG	WATCH FOR
Propofol	Hypotension, high triglycerides; PRIS risk >5 mg/kg/h for >48 h; no analgesia
Dexmedetomidine	Bradycardia, hypotension; little respiratory depression
Benzodiazepines	Delirium risk; slower to light sedation and extubation

SAFETY Paralytics don't sedate or relieve pain, and they mask pain and agitation; RASS, CPOT and BPS can't be scored. Give analgesia and deep sedation before and during blockade.

SAFETY Exam-prep summary, not a bedside tool. Follow your institution's protocols.

For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ER Basics is an independent study aid not affiliated with any certifying body.