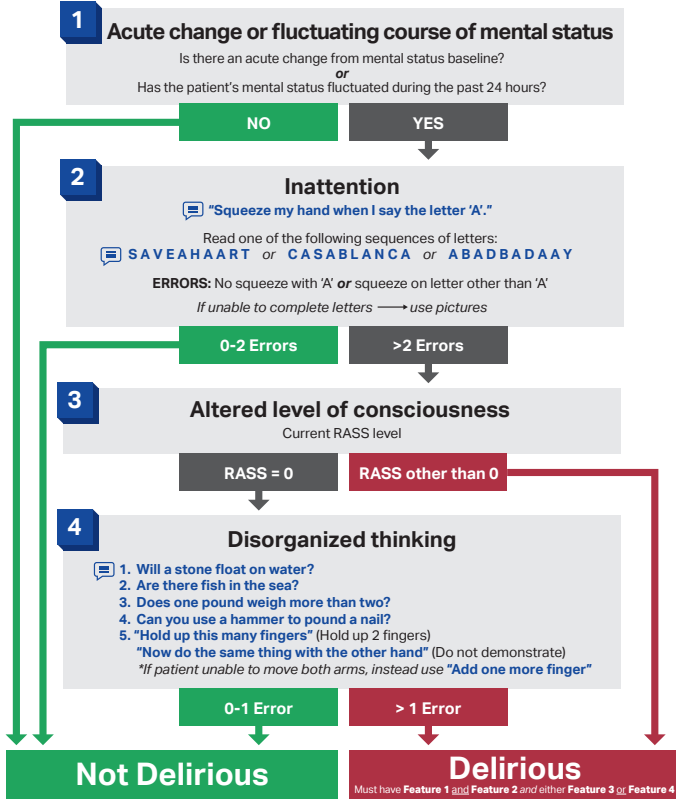


# CAM-ICU Flowsheet

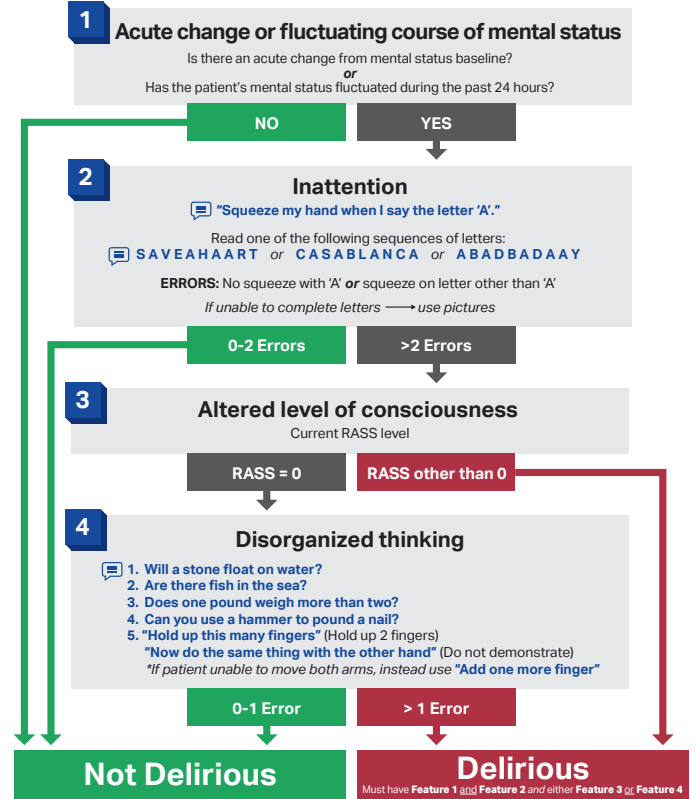
Confusion Assessment Method for the ICU



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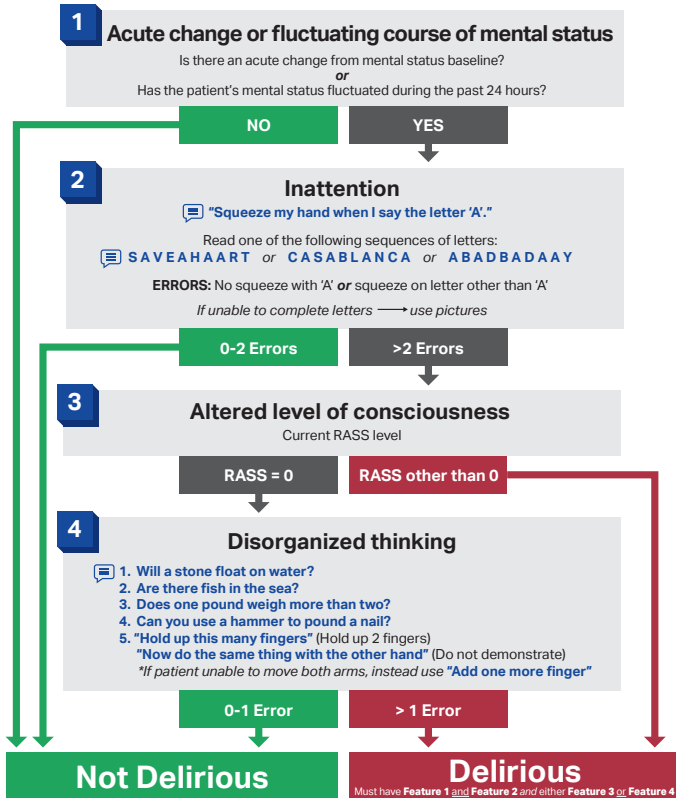
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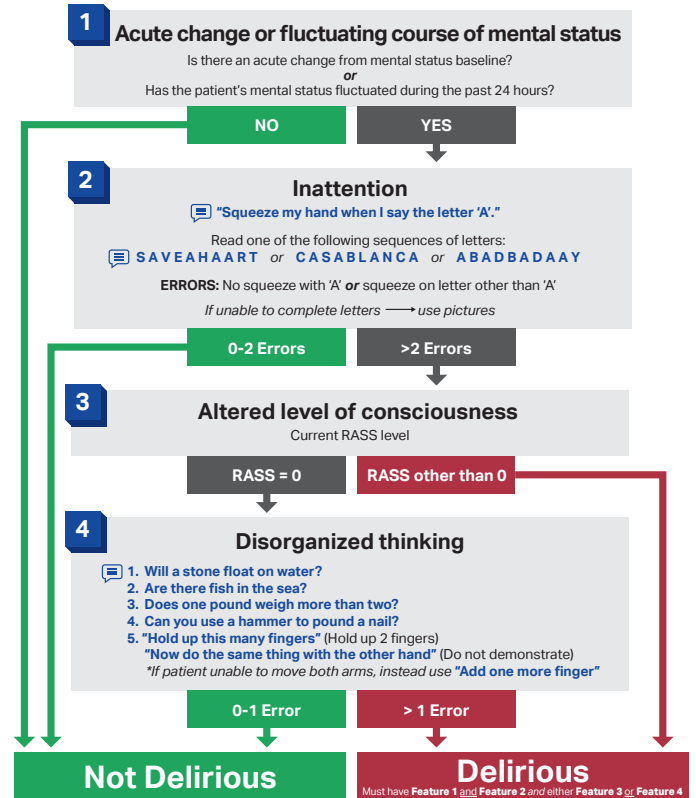
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# RASS

Level of Consciousness Assessment  
Richmond Agitation-Sedation Scale

+4	Violent, immediate danger to staff		<p>→</p> <p><b>Proceed to CAM-ICU</b></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 &amp; contact &gt;10 sec</i>	Voice	
-2	Briefly awakens to voice <i>Eyes open &amp; contact &lt;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	<p>✗</p> <p><b>STOP</b></p> <p>Patient comatose, <b>RECHECK</b> later</p>
-5	No response to voice or physical stimulation	Touch	

Sessler, et al., Am J Respir Crit Care Med 2002, 166: 1338-1344    Ely, et al., JAMA 2003; 286, 2983-2991

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