

Riker Sedation-Agitation Scale (SAS)

Score	Term	Descriptor
7	Dangerous Agitation	Pulling at ET tube, trying to remove catheters, climbing over bedrail, striking at staff, thrashing side-to-side
6	Very Agitated	Requiring restraint and frequent verbal reminding of limits, biting ETT
5	Agitated	Anxious or physically agitated, calms to verbal instructions
4	Calm and Cooperative	Calm, easily arousable, follows commands
3	Sedated	Difficult to arouse but awakens to verbal stimuli or gentle shaking, follows simple commands but drifts off again
2	Very Sedated	Arouses to physical stimuli but does not communicate or follow commands, may move spontaneously
1	Unarousable	Minimal or no response to noxious stimuli, does not communicate or follow commands

Guidelines for SAS Assessment

1. Agitated patients are scored by their most severe degree of agitation as described
2. If patient is awake or awakens easily to voice ("awaken" means responds with voice or head shaking to a question or follows commands), that's a SAS 4 (same as calm and appropriate – might even be napping).
3. If more stimuli such as shaking is required but patient eventually does awaken, that's SAS 3.
4. If patient arouses to stronger physical stimuli (may be noxious) but never awakens to the point of responding yes/no or following commands, that's a SAS 2.
5. Little or no response to noxious physical stimuli represents a SAS 1.

This helps separate sedated patients into those you can eventually wake up (SAS 3), those you can't awaken but can arouse (SAS 2), and those you can't arouse (SAS 1).

1. Prospective evaluation of the sedation-agitation scale in adult ICU patients. *Crit Care Med* 1999; 27:1325-1329.
2. Assessing sedation in ventilated ICU patients with the bispectral index and the sedation-agitation scale. *Crit Care Med* 1999; 27:1499-1504.
3. Confirming the reliability of the Sedation-Agitation-Scale in ICU nurses without prior experience in its use. *Pharmacotherapy* 2001; 21:431-436.
4. Validating the Sedation-Agitation Scale with the bispectral index and visual analog scale in adult ICU patients after cardiac surgery. *Intensive Care Med* 2001; 27:853-858.