



Movement and Strength		
Movement Score	Examination	Strength Score
NP Normal Power	Able to move limb with full range of motion (ROM) with <b>maximum resistance</b>	5
WM Mild Weakness	Able to move limb with full ROM with <b>moderate resistance</b>	4
WS Severe Weakness	Able to move limb <b>against gravity</b> (i.e. off of bed) but unable to take resistance	3
	Able to move limb in bed with <b>no gravity</b> on a horizontal surface (i.e. unable to lift off the bed)	2
	Examiner palpates or visualizes a flicker of muscle <b>contraction with no limb movement</b>	1
SF Spastic Flexion	Brain stem reflex; decorticate	n/a
XT Extension	Brain stem reflex; decerebrate	n/a
NR No Response	<b>No contraction</b> in limb to command or stimuli	0
Examine left and right extremities – noting difference(s).		

Score	Term	R.A.S.S.
4	Combative	Overtly combative, violent, immediate danger to staff (code white)
3	Very Agitated	Pulls or removes tube(s), <b>aggressive</b>
2	Agitated	Frequent non-purposeful movements; unable to redirect
1	Restless	Anxious but movement not aggressive/vigorous; easily redirected
0	Alert and Calm	Able to attend to examination
-1	Drowsy	Not fully alert but has eye-opening / eye contact to VOICE for <b>greater than 10 seconds</b>
-2	Light Sedation	Briefly awakens to VOICE for <b>less than 10 seconds</b> with eye contact
-3	Moderate Sedation	Patient responds to VOICE but <b>no eye contact</b>
-4	Deep Sedation	No response to voice - opens eyes or moves to <b>physical stimulation</b>
-5	No response	No response to <b>voice or physical stimulation</b>

Refer to: Neuroscience Education & Development Clinicians  
HHS, Neurosurgical Education and Outreach Network



Hamilton Health Sciences




NEON  
Neurosurgery Education and Outreach Network

# Neuro R.A.S.S.

Richmond Agitation Sedation Scale


## Assessment




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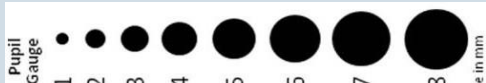
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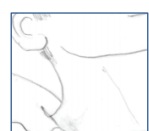

# Neuro R.A.S.S.

Richmond Agitation Sedation Scale

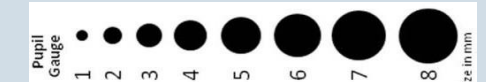
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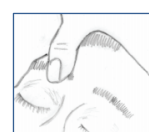


GCS and Pupil Examination		
Eye Opening Response		Assess for Pupil Response
Score	Term	
4	Spontaneous	Check pupil size
3	To sound	Check pupil reaction
2	To pressure (fingertip)	Check for consensual constriction
1	None	Note pupil regularity
Best Verbal Response		
5	Oriented	Orientated to person, place and time
4	Confused	Not oriented but communicates coherently
3	Words	Intelligible single words
2	Sounds	Only moans or groans
1	None	No verbal response
1	Non Testable	NT with a reason
		

GCS and Pupil Examination		
Score	Term	Best Motor Response
6	Obeys commands	Obeys a two-step command; written, verbal or gestured
5	Localizing	Brings hand to stimulus
*4	Normal Flexion	Rapid, variable and arm moves away from the body with stimulus
*3	Abnormal Flexion	Slow stereotyped, arm moves inward, forearm rotates, thumb clenched and leg extends
2	Extension to pain	Extends arms and legs to pain using <b>central or peripheral stimulus</b>
1	None	No response to painful stimulus in any limb
1	Non Testable	NT with a reason
  		
<p>Fingertip Pressure      Trapezius Pinch      Supraorbital Notch</p>		

Speech Testing	
Receptive Language	Expressive Language
<p>Ability of the patient to understand verbal commands.</p> <p>Ask the patient to:</p> <ol style="list-style-type: none"> <li>"Close your eyes"</li> <li>"Point to the ceiling"</li> <li>"Does a stone sink in water?"</li> </ol> <p>Repeat if necessary.</p> <p>Do not mimic.</p> <p>If the patient obeys the three commands, assess for <b>Expressive Language</b>.</p>	<p>Objects required: pen/ pencil, key, watch.</p> <p>Show each item to the patient and ask them to name the object and state the use for each of the objects.</p> <p><b>Note:</b> It is not acceptable for the patient to write their answers. This is a speech assessment.</p>
Normal Language	Global Language Deficit
No expressive or receptive language deficit noted on examination.	Both expressive and receptive language deficits present on examination.

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Best Verbal Behavioural Response		
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4	Confused	Disorientated to any or all of person, place, and time
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