

RASS Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no level descriptors or scoring card

The RASS (Sessler and colleagues, 2002) places a patient on one ten-level continuum: negative values for deepening sedation, zero for calm and alert, positive values for rising agitation. It is copyrighted (Virginia Commonwealth University, 2012) with free clinical use, no regulator sets its interval, and a value describes an observed state. Defensible charting puts the ordered target beside every assessed value with its time and the sedation on board, records cause, action, and recheck when the two differ, charts awakening trials as trajectories that lead into the CAM-ICU, and never manufactures a value under paralysis.

Time and moment in care clock time; scheduled, titration, bolus, trial

Do: give every value a clock time and its place in the course of care; the interval is unit protocol, not regulation.

Pitfall: a column of values with no times, so nobody can tell which one followed the bolus.

Ordered target, as written single value or range, with the order date

Do: chart the target exactly as ordered beside the values; record the indication for a deep target; obtain one if none exists.

Pitfall: values with no target anywhere, or an order for -1 to 0 charted as "light sedation."

Assessed value and stimulus observe, then voice, then physical

Do: record the value the sequence produced; add the stimulus and a few words of behavior when the picture is ambiguous.

Pitfall: a zero because the eyes were open; a deep value because they were closed.

Sedation and analgesia on board drug, rate, bolus time, last change

Do: name what was running and any bolus with its time; label a post-bolus value as transient; pain score before any sedative.

Pitfall: a value taken twenty minutes after a bolus read as the infusion; sedative given with no pain score.

Off target: cause, action, recheck deeper or lighter; the order titrates, not the scale

Do: state the direction, the likely cause, the titration or reason for none under the order, who was notified, and the recheck.

Pitfall: "RASS -4, continue infusion" against a target of -1, or a score-to-sedative reflex.

Awakening trial and CAM-ICU a trajectory, then the delirium screen

Do: pre-trial value, screen, stop time, values during, failure criteria, breathing trial, restart; CAM-ICU only at -3 or lighter.

Pitfall: "propofol held per SAT" with no values; a CAM-ICU charted negative at -5.

Paralysis, restraint, handoff no manufactured value; rules for restraint

Do: under blockade write not assessable with the last pre-blocker value, drugs, and monitoring plan; restraint per 482.13(e); hand off five items.

Pitfall: RASS -5 hourly on a paralyzed patient; "RASS +3, restraints applied" with nothing else.

Before the note is signed

- ☐ Target charted as ordered, with date
- ☐ Every value carries a clock time
- ☐ Stimulus noted when ambiguous
- ☐ Drugs and bolus times recorded
- ☐ Off target values explained and rechecked
- ☐ Awakening trial and CAM-ICU in sequence
- ☐ No manufactured value under paralysis

Drafting with AI

Give it the facts: the ordered target and its date, each value with its clock time and moment in care, the behavior where ambiguous, infusions and boluses with times, the pain score, any awakening trial and CAM-ICU result, any blockade or restraint, and the recheck.

"Draft RASS documentation: 09/14 13:30, MICU, target -1 to 0 per the 09/12 order; assessed -3, brief eye opening to voice, 20 minutes after a 30 mg propofol bolus for line placement, no infusion running; recheck 14:00 -1; fentanyl 50 mcg/h; CAM-ICU negative 08:30."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

Target beside actual
as the order states it

Ten levels, one line
sedation negative, agitation
positive

No mandated interval
protocol sets it, not law

Not under paralysis
write not assessable instead

RASS Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no level descriptors or scoring card.

Setting: _____ Patient (initials): _____ Date: _____ Clinician: _____

Ordered target RASS (as written) + order date: _____ Time + moment in care: _____

Assessed RASS and stimulus

Value produced by the sequence (observe, voice, physical) · stimulus category and a few words of behavior when ambiguous · confounders: hearing, language, eyelid swelling, neurological injury, sleep

Sedation and analgesia on board

Each sedative and analgesic infusion with its rate · any bolus with the clock time · last rate change and when · non-drug measures in use · pain score with the tool used

Relation to target and cause

At target, deeper than target, or lighter or agitated · likely cause: recent bolus, accumulation, neurological change, pain, hypoxemia, dyssynchrony, bladder, withdrawal, delirium, procedure, environment

Action, notification, and recheck

Titration made under the order or protocol with new rate and time, or the reason for none · prescriber notified: who, time, response · recheck due and the value obtained

Awakening trial and CAM-ICU

Pre-trial RASS and time · safety screen result · sedative stopped, drug and time · values during with times · failure criteria observed or none · breathing trial with RT and result · restart drug, rate, time, reason · CAM-ICU at RASS ___, time, result, or unable to assess at the two deepest levels

Neuromuscular blockade or agitation event

Blockade: RASS not assessable since [time], last pre-blockade value and time, sedation and analgesia running, monitoring plan · agitation: behavior, precipitant, pain score, measures tried, medication and time, restraint order and times, patient response

Handoff line

Target · last RASS with time · infusions and last bolus · last CAM-ICU result and next due · awakening trial status · pending prescriber decisions

Clinician (name and credentials): _____ Signature: _____ Date: _____