### Sedation–Agitation Scale (SAS)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Dangerous agitation</td>
</tr>
<tr>
<td>6</td>
<td>Very agitated</td>
</tr>
<tr>
<td>5</td>
<td>Agitated</td>
</tr>
<tr>
<td>4</td>
<td>Calm and cooperative</td>
</tr>
<tr>
<td>3</td>
<td>Sedated</td>
</tr>
<tr>
<td>2</td>
<td>Very sedated</td>
</tr>
<tr>
<td>1</td>
<td>Unarousable</td>
</tr>
</tbody>
</table>

### Ramsay Scale (10)

1. Anxious and agitated or restless or both
2. Cooperative, oriented, and tranquil
3. Responding to commands only
4. Brisk response to light glabellar tap
5. Sluggish response to light glabellar tap
6. No response to light glabellar tap

### Harris Scale (13)

**A. General condition**
1. Confused and uncontrollable
2. Anxious and agitated
3. Conscious, oriented, and calm
4. Asleep but rousable to speech, obeys command
5. Asleep but responds to loud auditory stimulus or sternal pressure
6. Unrousable

**B. Compliance with mechanical ventilation**
1. Unable to control ventilation
2. Distressed, fighting ventilator
3. Coughing when moved but tolerating ventilation for most of the time
4. Tolerating movement

**C. Response to endotracheal suctioning**
1. Agitation, distress, prolonged coughing
2. Coughs, distressed, rapid recovery
3. Coughs, not distressed
4. No cough

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*ET, endotracheal.*

Table 1. Subjective scales to rate sedation and agitation.