

# Critical Care Pain Observation Tool (CPOT)

Indicator	Description	Scale
<b>Facial Expressions</b>	Relaxed/Neutral: no muscular tension observed	0
	Tense: presence of frowning, brow lowering, orbit tightening and levator contraction	1
	Grimacing: all of the above facial movements & eyelids tightly closed	2
<b>Body Movements</b>	Absence of movements or normal position: does not move at all (does not necessarily mean absence of pain) or normal position	0
	Protection: slow & cautious movements, touching or rubbing site of pain, seeking attention through movements	1
	Restlessness/Agitation: pulling tube, attempting to sit up, thrashing limbs, striking staff, attempting to get out of bed, not following commands	2
<b>Muscle Tension</b> (Evaluation by passive flexion & extension of upper extremities)	Relaxed: no resistance to passive movements	0
	Tense, rigid: resistance to passive movements	1
	Very tense or rigid: strong resistance to passive movements, inability to complete them	2
<b>Ventilator Compliance or Vocalization</b>	Tolerating ventilator or movement: ventilator alarms not activated, easy ventilation	0
	Coughing but tolerating ventilator: coughing, alarms may be activated but stop spontaneously	1
	Fighting ventilator/Asynchrony: blocking ventilation, alarms frequently activated	2
	<b>OR</b>	
	Speaking in normal tone or no sound	0
	Sighing or moaning	1
	Crying out, sobbing	2
<b>Total Score (CPOT <math>\geq</math> 3 = significant pain)</b>		<b>_ /8</b>

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# Richmond Agitation-Sedation Scale (RASS)

Scale	Label	Description	
+4	Combative	Violent, immediate danger to staff	
+3	Very Agitated	Pulls to remove tubes or catheters, aggressive	
+2	Agitated	Frequent non-purposeful movement, fights ventilator	
+1	Restless	Anxious, apprehensive, movements not aggressive	
0	Alert & Calm	Spontaneously pays attention to caregiver	
-1	Drowsy	Not fully alert, but has sustained awakening to voice (eye opening & contact >10 sec)	V O I C E
-2	Light Sedation	Briefly awakens to voice (eyes open & contact <10 sec)	
-3	Moderate Sedation	Movement or eye opening to voice (no eye contact)	



If RASS is  $\geq -3$  proceed to CAM-ICU  
(Is patient CAM-ICU positive or negative?)

-4	Deep Sedation	No response to voice, but movement or eye opening to physical stimulation	T O U C H
-5	Un-rousable	No response to voice or physical stimulation	

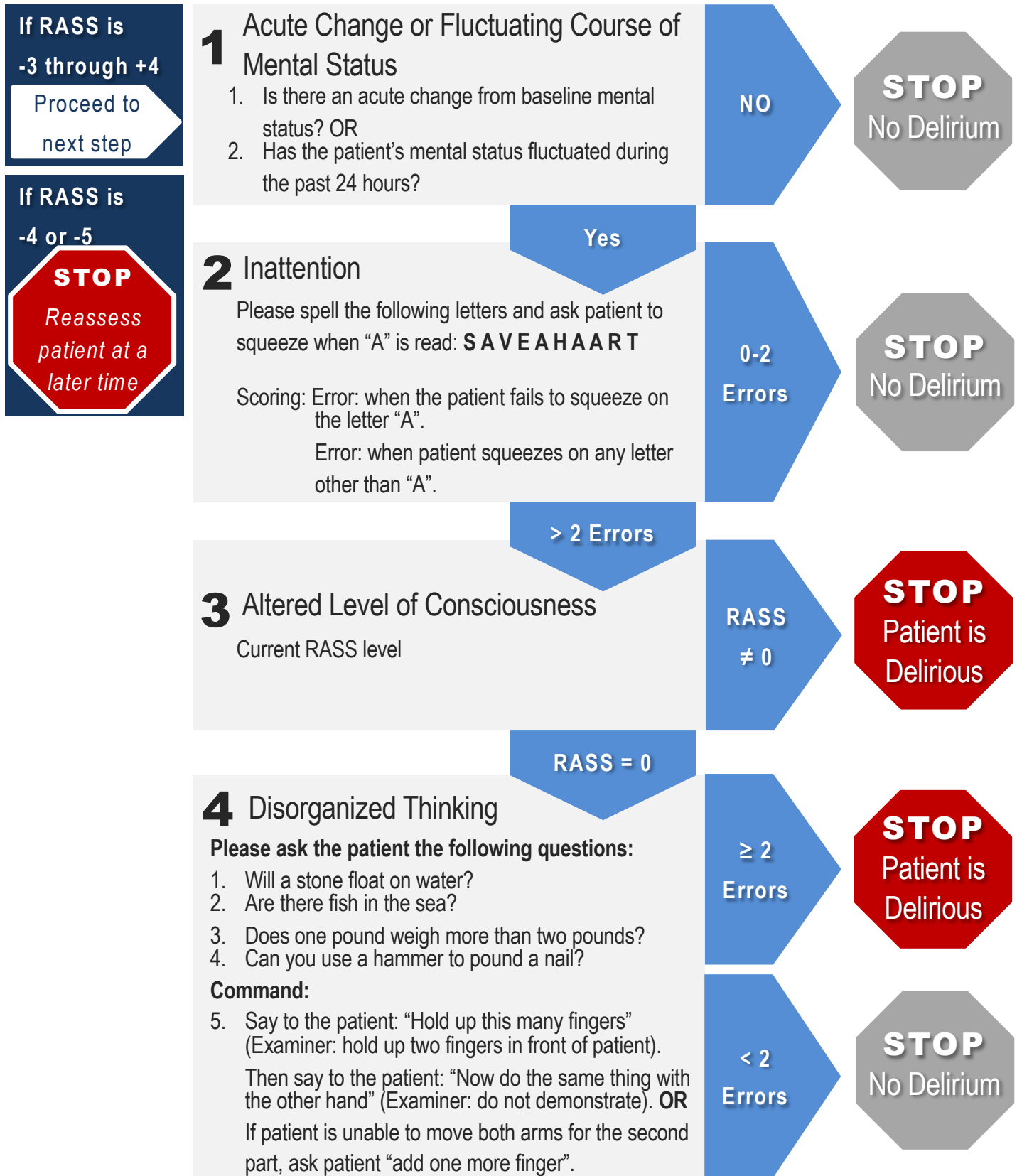


If RASS is -4 or -5 **STOP**  
**RECHECK** later

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# Confusion Assessment Method for the ICU (CAM-ICU)



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