The COMHON Index (RASS = Richmond Agitation Sedation Scale)

Please circle the most appropriate sections of the chart below:

<table>
<thead>
<tr>
<th>Score</th>
<th>Level of consciousness</th>
<th>Mobility</th>
<th>Haemodynamic</th>
<th>Oxygenation</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Awake and alert (RASS 0 to + 1) (Glasgow 15)</td>
<td>Independent, walking with help</td>
<td>No haemodynamic support</td>
<td>Spontaneous breathing and FiO₂ &lt; 0.4</td>
<td>Full oral diet</td>
</tr>
<tr>
<td>2</td>
<td>Agitated, restless, confused (RASS &gt; 1) (Glasgow 13 - 14)</td>
<td>Limited, bed-chair activity</td>
<td>Volume expanders</td>
<td>Spontaneous breathing and FiO₂ ≥ 0.4</td>
<td>Enteral or parenteral feeding</td>
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<tr>
<td>3</td>
<td>Sedated but responsive (RASS -1 to -3) (Glasgow 9 - 12)</td>
<td>Very limited but tolerates position change</td>
<td>Dopamine or norepinephrine or adrenaline.</td>
<td>Non-invasive mechanical ventilation</td>
<td>Oral fluids. Incomplete oral feeding</td>
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<tr>
<td>4</td>
<td>Coma, sedated and unresponsive (RASS &lt; -3) (Glasgow &lt; 9)</td>
<td>Unable to change position; lying prone</td>
<td>Needing two of the above</td>
<td>Invasive mechanical ventilation</td>
<td>No feeding</td>
</tr>
</tbody>
</table>

LOW RISK: 5-9, MODERATE RISK: 10-13, HIGH RISK: 14-20

TOTAL PATIENT SCORE = [ ] RISK LEVEL = [ ]

**SUBSCALE DEFINITIONS**

**Level of consciousness**

1. **Awake and alert: RASS 0 to + 1**
   - The patient is conscious and orientated to time and space, obeys commands and recognises and responds to any stimulus in their environment. Glasgow Coma Score 15.

2. **Agitated/restless/confused: RASS > 1**
   - The patient is aware but is partially or intermittently disorientated to time and/or space and responds inadequately to stimuli. Glasgow Coma Score 13 to 14.

3. **Sedated but responsive: RASS -1 to -3**
   - The patient has a Glasgow Coma Score of 9 to 12 or is sedated with RASS -1 to -3.

4. **Coma, sedated and unresponsive: RASS -4 to -5**
   - The patient is comatose with Glasgow Coma Score < 9 or sedated with RASS -4 to -5.

**Mobility**

1. **Independent/walking with help**
   - The patient walks alone or needs a support system to maintain balance.

2. **Limited/bed-armchair activity**
   - The patient is in bed and can move on their own. The patient has alternating periods of bed rest with periods of rest in a chair. The patient can stand up with or without assistance.

3. **Very limited but tolerates change in position**
   - The patient is in bed and cannot move without assistance but can be moved without affecting haemodynamic or respiratory status.

4. **Unable to change position or lying prone**
   - The patient is in bed and must not be moved due to haemodynamic or respiratory instability or the patient is lying in the prone position.

**Haemodynamic**

1. **No haemodynamic support**
   - The patient does not require vasopressor drugs or plasma expanders or mechanical haemodynamic support (e.g. intra-aortic balloon pump).

2. **Volume expanders**
   - The patient requires use of blood products, colloid or crystalloid to maintain haemodynamic status.

3. **Dopamine or norepinephrine or adrenaline or cardiopulmonary mechanical support**
   - The patient requires one or more of the above drugs by continuous infusion or cardiopulmonary mechanical assistance e.g. intra-aortic balloon pump, extra-corporeal membrane oxygenation, ventricular assist device, to maintain haemodynamic stability.

4. **Needing two of the above**
   - The patient requires two or more of the above supports to maintain haemodynamic stability.

**Oxygenation**

1. **Spontaneous breathing and low FiO₂ (< .4)**
   - The patient is breathing by themself and requires no extra oxygen or less than 40%.

2. **Spontaneous breathing and high FiO₂ (> .4)**
   - The patient is breathing by themself and requires supplementary oxygen greater than 40%.

3. **Non-invasive mechanical ventilation**
   - The patient requires non-invasive mechanical ventilation.

4. **Invasive mechanical ventilation**
   - The patient requires invasive mechanical ventilation.

**Nutrition**

1. **Full oral diet**
   - The patient tolerates liquids and solids and is eating enough food to meet their needs.

2. **Enteral nutrition / parenteral feeding**
   - The patient is being fed with parenteral nutrition, enteral nutrition or both and may also be partially eating orally or not eating at all.

3. **Oral fluids. Incomplete oral feeding**
   - The patient has an inadequate or reduced diet that does not meet their needs and is not being enterally or parentally fed.

4. **No feeding**
   - The patient is not being fed at all.