

Alertness in Sedated Patients (ASP) score validation

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Background

A number of scales are available for the assessment of the level of consciousness in patients undergoing procedural sedation. However, these do not accurately reflect the spectrum of depth of sedation observed in clinical practice. To address these problems we have developed a novel tool entitled Alertness in Sedated Patients (ASP) score to better assess the levels of consciousness during procedural sedation. The aim is to assist the sedationist in clinical decision making regarding drugs and dosages so the patient can be safely kept at the desired level of sedation.

Aims

The aim of this study was to evaluate the Alertness in Sedated Patients (ASP) score in clinical practice by non-anaesthetist sedationists.

Alertness in Sedated Patients (ASP) score		
Level Of Alertness		ASP score
Alert	A patient with this score will either have not yet had sedation or will be recovered and ready for discharge.	5
Relaxed	A patient with this score has received some sedation and will appear relaxed and calm but will still be fully responsive.	4
Lethargic	A patient with this score may have slurred speech and talk less but will still talk spontaneously.	3
Voice	A patient with this score will not talk spontaneously but will respond verbally when spoken to.	2
Pain	A patient with this score will not respond to voice or deep stimulation but will respond to painful stimuli.	1
Anaesthesia	A patient with this score will not respond to painful surgical stimuli.	0

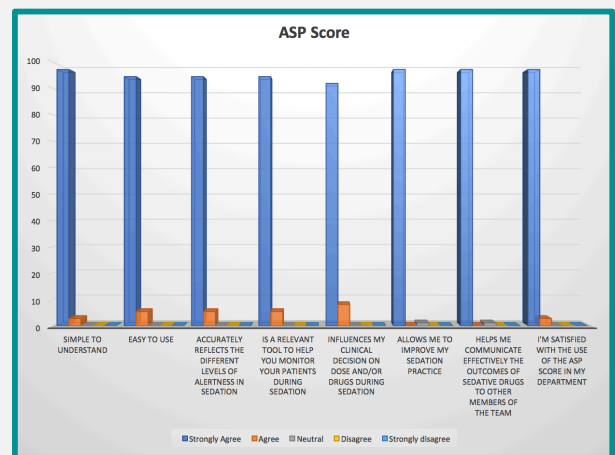
Method

A questionnaire was developed to assess the objective observational criteria which constitute the Alertness in Sedated Patients (ASP) score. The questionnaire comprises eight questions in a five point Likert type scale: strongly disagree, disagree, neutral, agree or strongly agree.

Non-anaesthetist sedationists from 2 NHS and 1 private hospital in London responded to the questionnaire after using the Alertness in Sedated Patients (ASP) score for 37 interventional pain procedures performed under sedation. Data was collected and descriptive statistics obtained regarding the assessment of the following parameters: simplicity to understand the score; ease of use; accuracy; relevance; influence in clinical decision making; ability to improve practice; ability to effectively communicate outcomes of sedation, and satisfaction.

Results

36 out of 37 respondents either agreed or strongly agreed with every parameter evaluated. These results support the use of the Alertness in Sedated Patients (ASP) score for the assessment of level of consciousness in patients undergoing procedural sedation.



Conclusions

This study establishes the value and validates the Alertness in Sedated Patients (ASP) score methodology. The consistently very favourable results on all parameters including feasibility, clinical relevance and satisfaction, suggest that the ASP could be a preferred alternative to other tools used to assess level of consciousness during sedation. level proving to be a good alternative to other tools used to assess level of consciousness during sedation.

Acknowledgments

The non-anaesthetist sedationists surveyed had been trained in the ASP score as part of the Safe Sedation Course offered by SedateUK, prior to the study.