

SEDATION ASSESSMENT TOOL (SAT)

(Revised: July 2019)



The Sedation Assessment Tool (SAT) provides a consistent and objective way to monitor both the level of agitation and the level of sedation after medication is given. It can be used to guide specific treatment, including initial and additional sedation. The SAT is observational only, and does not require patient cooperation or participation. It can be applied easily and rapidly in the emergency situation.

SEDATION ASSESSMENT TOOL (SAT) ¹		
Score	Responsiveness	Speech
+ 3	Combative, violent, out of control	Continual loud outbursts
+ 2	Very anxious and agitated	Loud outbursts
+ 1	Anxious/restless	Normal/talkative
0	Awake and calm/cooperative	Speaks normally
- 1	Asleep but rouses if name is called	Slurring or prominent slowing
- 2	Responds to physical stimulation	Few recognisable words
- 3	No response to stimulation	Nil

Generally, the following agent should be utilised in the following situations (*subject to paramedic clinical judgement*):

SAT +1 to +2: consider **droperidol** as first line agent

SAT +2 to +3: consider **ketamine** as first line agent

(APs: consider whether patient meets criteria for ketamine – immediate danger to self or others – must call ICP backup after ketamine sedation)

In most cases, the target level of sedation to aim for post-sedation is: SAT **0** to **-1**.

The decision to use physical restraints is subject to paramedic judgement.

General advice is:

droperidol sedation - consider withholding physical restraints

ketamine/midazolam sedation - consider applying physical restraints

¹ Calver, L.A., Stokes, B. & Isbister, G.K. (2011). 'Sedation assessment tool to score acute behavioural disturbance in the emergency department'. *Emergency Medicine Australasia*, vol. 23, pp. 732-740).

NOTE: the SAT score/s should be documented in the free-text field (Hx) of the VACIS PCR.
There is currently no scope to include the SAT in the VSS field.