

Pasero Opioid-induced Sedation Scale (POSS) with Interventions*

S = Sleep, easy to arouse

Acceptable; no action necessary; may increase opioid dose if needed

1 = Awake and alert

Acceptable; no action necessary; may increase opioid dose if needed

2 = Slightly drowsy, easily aroused

Acceptable; no action necessary; may increase opioid dose if needed

3 = Frequently drowsy, arousable, drifts off to sleep during conversation

Unacceptable; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory; decrease opioid dose 25% to 50% or notify prescriber or anesthesiologist for orders; consider administering a non-sedating, opioid-sparing nonopioid, such as acetaminophen or a NSAID, if not contraindicated.

4 = Somnolent, minimal or no response to verbal and physical stimulation

Unacceptable; stop opioid; consider administering naloxone; notify prescriber² or anesthesiologist; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory.

*See appropriate action in italics at each level of sedation.

Nisbet AT, Mooney-Cotter F. Comparison of selected sedation scales for reporting opioid-induced sedation assessment. *Pain Manag Nurs*. 2009 Sep;10(3):154-64.

Kobelt P, Burke K, Renker P. Evaluation of a standardized sedation assessment for opioid administration in the post anesthesia care unit. *Pain Manag Nurs*. 2014 Sep;15(3):672-81

Pasero C. Assessment of sedation during opioid administration for pain management. *J PeriAnesthesia Nurs*. 2009 Jun;24(3):186-90.