Patient's ID

Brainstem responses assessment in ICU

Date: (mm/dd/yyyy):														
Pupils size	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Pupillary light reflex														
Corneal reflex														
Oculocephalic reflex														
Grimacing to pain														
Cough reflex														
Remarks														

- Note reflexes as <u>present</u> (any reproducible attended movements) or <u>absent</u> (0 / 1 or / +), use right (R) and left (L) when it is appropriate
- <u>Pupils size</u> is noted in mm or > < = to 2 mm and 5 mm (if the form is printed in A4 format [1 cm = ⊢ ; 1 inch = ⊢]: 2 mm = ; 5 mm =)
- Corneal reflex is assessed with eye drop or sterile tissu applied to the sclera and considered present if any contraction of the superior/inferior led or a revulsion of the ocular glob is observed
- Oculocephalic reflex (OCR) is considered present if the eyes cross the midline during a lateral passive head rotation (we test the horizontal OCR only)
- Grimace to pain is assessed during a bilateral and strong pressure to the retro-mandibular regions
- Cough reflex is assessed in response to a tracheal suctioning and considered positive if any contraction of abdominal muscles is observed

Brainstem Responses Assessment Sedation Score (BRASS)

BRASS is the sum of the following sub-scores:

- absent pupillary light reflex = 1
- absent cough reflex = 1
- absent corneal reflex = 2
- absent grimace to pain and absent OCR = 1
- absent grimace to pain but presence of OCR = 3

28 day mortality probability

mean [95%Cl]

mean [95%Cl]

mean [95%Cl]

point to BRASS

The 28-day mortality predictive value of the BRASS assessed within the first 24 hours of sedation has been developed and validated in deeply sedated patients (no movement to voice; RAAS <-3). Ref: Rohaut B, et al. (2017). PLoS ONE 12(4): e0176012.