



## Supportive Clinical Information Somnolence Score (Opioid Monitoring Guidance)

### Somnolence Score

- 1 = awake and alert, no action needed
- 2 = sedated but arousable, no action needed
- 3 = heavily sedated and difficult to arouse, drifts off during conversation, requires action/decrease dose
- 4 = unresponsive or somnolent, minimal or no response to physical stimulation; unacceptable, stop opioid, consider administering naloxone
- SL = normal sleep