The Richmond Acute Subdural Hematoma (RASH) Score is a clinical tool designed to predict outcomes in patients with acute subdural hematomas (aSDH). It assists healthcare providers in assessing the severity of aSDH and making informed decisions regarding patient management.

Components of the RASH Score The RASH Score evaluates five key factors, assigning points based on specific criteria:

Age:

0 points: ≤ 65 years 1 point: > 65 years Glasgow Coma Scale (GCS) Score:

0 points: GCS 13–15 1 point: GCS 9–12 2 points: GCS ≤ 8 Pupil Response:

0 points: Both pupils reactive 1 point: One pupil unreactive 2 points: Both pupils unreactive Midline Shift on Imaging:

0 points: < 5 mm 1 point: 5–10 mm 2 points: > 10 mm Post-Traumatic Loss of Consciousness Duration:

0 points: < 30 minutes 1 point: 30 minutes to 24 hours 2 points: > 24 hours Scoring and Interpretation Total Score Range: 0 to 8 points Prognostic Implications: Lower scores (0–3): Associated with better outcomes and lower mortality rates. Higher scores (4–8): Indicate worse prognosis with increased mortality and morbidity. The RASH Score aids in stratifying patients based on injury severity, guiding treatment decisions, and informing discussions about prognosis with patients and families.

Reference: “The Richmond Acute Subdural Hematoma Score: A Validated Tool for Predicting Mortality and Discharge Disposition,” Neurosurgery, December 2022