
How to Administer the Bush Francis Catatonia Rating Scale

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Introduction: The Bush-Francis Catatonia Rating Scale (BFCRS) helps identify and measure the severity of catatonia. This guide explains how to administer it.

The BFCRS is a 23 item test that is freely available on websites like the University of Rochester Medical Center ([University of Rochester Medical Center](#)) or on interactive online platforms such as MDCalc ([MDCalc](#)). The scale assesses 23 catatonic symptoms ranging from immobility/stupor to autonomic abnormalities.

Preparation: Before administration, inform the patient about the instructions and actions they'll need to perform and ensure they're comfortable and safe.

Uses: While you will often already know that a patient has catatonia before using this scale, it is a helpful tool in quantifying the severity and assessing response to treatment over time.

How to administer the BFCRS

1. First, observe the patient before engaging them in a conversation. Look for their level of motor activity and check for odd mannerisms and facial expressions.
2. Try to engage the patient in a conversation.
Script: "How are you feeling today, [Patient's Name]? Can you tell me about your day?" Watch for mutism, verbigeration (repetition of words or phrases), echolalia (repeating what you say), perseveration (repeatedly returning to the same topic).
3. Scratch your head in an exaggerated manner to check if the patient mimics your movements.
4. Gently move the patient's arm, checking for heightened muscle tension (do not consider if signs of cog-wheeling or tremor are present).
Script: "Now, I'm going to gently move your arm. Just relax and let me do the moving. Let me know if you feel uncomfortable at any point."
5. Attempt to reposition the patient's arm while instructing them to 'keep your arm loose.' Check whether the patient resists or maintains the pose.
Script: "I'm going to try to move your arm like this (demonstrate). Your job is to keep your arm as loose and relaxed as possible. Are you ready?"
6. Introduce nonsensical commands like, "try to clap with one hand" " or "open your mouth while keeping your lips together" and observe whether the patient tries to perform these impossible actions.
Script: "I'm going to give you some unusual commands. I'd like you to try your best to do as I say."
7. Extend the patient's arm and place a finger beneath their hand, trying to raise it slowly while instructing the patient not to let you raise their arm. Check if the patient's arm rises despite your instruction.
Script: "I'm going to put my hand under yours and slowly try to lift it up. But I want you to keep your hand where it is. Don't let me lift your arm."
8. Extend your hand while instructing the patient not to shake it, checking to see if the patient appears motorically "stuck".
Script: "I'm going to extend my hand, but I want you not to shake it. Ready?"
9. Distract the patient and stroke their palm towards their fingers or crosswise, checking to see if their hand grasps yours.
Script: "I'm going to touch your hand lightly, but you just keep relaxed. Okay?"
10. Shake the patient's hand for 2 seconds and let go. Observe if they persist in the shaking motion.
11. Review the patient's chart for reports of oral intake, vital signs, and any incidents over the past 24 hours.

Scoring: Rate each symptom on a scale of 0 – 3 and add the scores to get the total BFCRS score. A score of 2 or more on at least 2 of the first 14 screening items suggests a positive diagnosis for catatonia.