CLINICAL PRACTICE GUIDELINE
Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Pain Assessment: PIPP Pain Assessment Tool

This document should be read in conjunction with the Disclaimer

Process	Indicator	0	1	2	3	Total Score
Chart	Gestational Age	36 weeks or more	32-35 weeks, 6 days	28-31 weeks, 6 days	Less than 28 weeks	
Observe infant for 15 seconds	Behavioural State	Active, awake, eyes open, facial movement	Quiet awake, eyes open, no facial movements	Active sleep, eyes closed, facial movements	Quiet sleep, eyes closed, no facial movements	
Observe baseline heart rate & oxygen saturations for 30 seconds	Heart Rate Maximum	0 - beats per minute increase	5 - 15 beats per minute increase	15 - 24 beats per minute increase	25 beats per minute increase	
	Oxygen saturation minimum	92-100 %	89-91 %	88-85 %	< 85 %	
Observe infant's facial actions for 30 seconds	Brow Bulge	None	Minimum	Moderate	Maximum	
	Eye Squeeze	None	Minimum	Moderate	Maximum	
	Naso-labial furrow	None	Minimum	Moderate	Maximum	

Steps in Pain Assessment

1. Familiarise yourself with each indicator and how it is to be scored, by looking at the PIPP.
2. Score gestational age before you begin the assessment (points are added to the premature infant's pain score based on gestational age to compensate for their limited ability to behaviourally and physiologically respond to pain).
3. Score behavioural state by observing the infant for 30 seconds.
4. Record baseline heart rate and oxygen saturation at the beginning of the shift.
5. Observe the infant for 30 seconds. You will need to look back and forth from the heart monitor to the baby's face. Score physiological and facial changes

seen during that time and record immediately following the observation period. Calculate the total score.

6. Scores of 0-6 generally indicate the infant has minimal or no pain.
7. Scores of 7-12 generally indicate slight to moderate pain.
8. Scores > 12 may indicate severe pain.

Pain Score Flow Chart

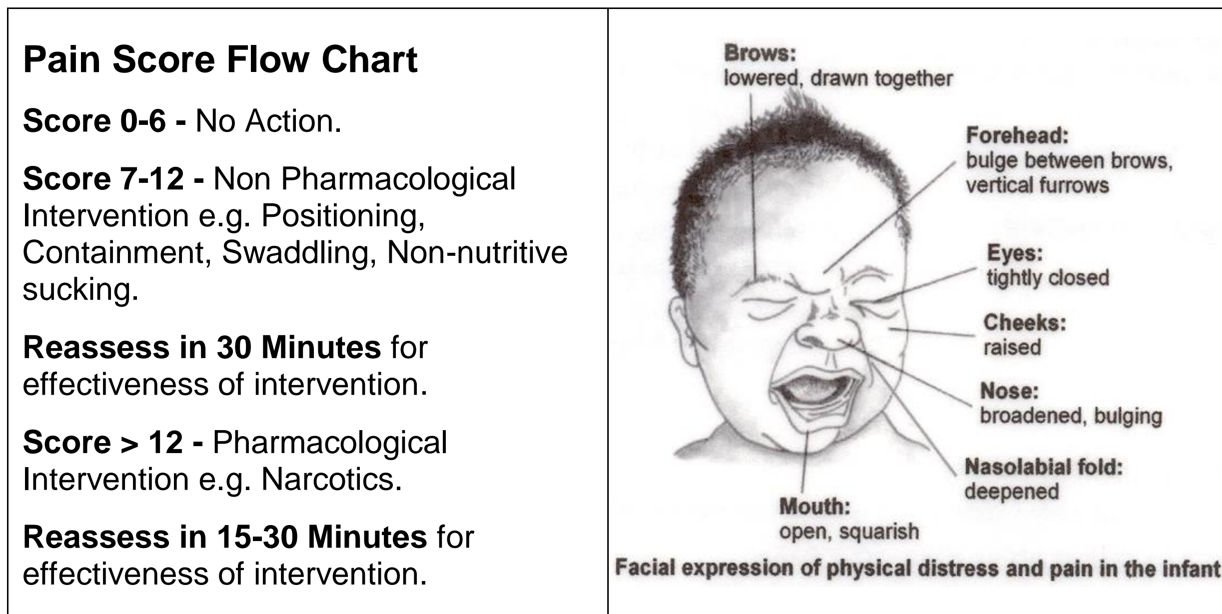
Score 0-6 - No Action.

Score 7-12 - Non Pharmacological Intervention e.g. Positioning, Containment, Swaddling, Non-nutritive sucking.

Reassess in 30 Minutes for effectiveness of intervention.

Score > 12 - Pharmacological Intervention e.g. Narcotics.

Reassess in 15-30 Minutes for effectiveness of intervention.



Facial expression of physical distress and pain in the infant

References

1. Stevens, B., Johnston, C., Petryshen, P., Taddio A. (1996). Premature infant pain profile: Development and initial validation. Clinical Journal of Pain, 12 (1): 13-22.

Document owner:	Neonatal Coordinating Group		
Author / Reviewer:	Neonatal Coordinating Group		
Date first issued:	August 2006		
Last reviewed:	1st September 2013	Next review date:	1st September 2016
Endorsed by:	Neonatal Coordinating Group	Date endorsed:	
Standards Applicable:	NSQHS Standards: 1 Governance		

Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from the WNHS website.