

Guidelines for use

Instruction for assessment

- Familiarise yourself with each indicator and how it is to be scored, by looking at the PIPP.
- Nurse stands where the baby's body and face can be seen clearly
- 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).
- Score behavioural state by observing the infant for 30 seconds.
- Record baseline heart rate and oxygen saturation at the beginning of the shift. 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

Minimum frequency of assessment:

- Intensive care: Within 1 hour of admission. Hourly with observations
- High dependency: Within 1 hour of admission. 6-8 hrly (before cares) or if signs of distress /discomfort
- Special care: Within 1 hour of admission. If baby shows signs of distress/discomfort not associated with need for routine care giving
- Post-operatively: Hourly for first 8 hours. 4 hourly until 48 hours post-op.

The score generated will dictate the frequency of assessment.

Repeat assessment 30minutes after any intervention or action is taken.

Do not score if the baby is paralysed as behavioural parameters cannot be assessed. Document date, time, doses of paralysing agents, sedatives and analgesics and sign. Recommence PIPP when paralysis discontinued.

Clinical management

Score 0 - 6	generally indicates the infant has minimal or no pain:	No Action
Score 7-12	generally indicates slight to moderate pain:	Institute comfort measures
Score > 12	may indicate severe pain:	Pharmacological Intervention

Name

Date of Birth

Hospital No.

NHS No.

Consultant

Codes

Analgesia

DM Diamorphine
F Fentanyl
P Paracetamol
O Oral Morphine
CP Codeine phosphate
M Morphine

Sedation

CH Chloral Hydrate
Mi Midazolam

Paralysis

A Atracurium
P Pancuronium
V Vecuronium
R Rocuronium
S Suxamethonium

Sedation will mask behavioural signs of pain

Comfort measures

R Gently repositioning the baby to promote comfort

S Swaddling (blanket/nest) to provide containment and support to limbs

C Comfort/containment holding

E Decreasing environmental stimuli (reducing light, noise and activity around the baby)

V Soothing voice

N Nappy change

P Non-nutritive sucking (pacifier/gloved finger)

K Kangaroo care

Br Breast feed

Su Sucrose

EBM Expressed breast milk

Actions taken

B Bolus of analgesia

I Increased infusion of analgesia

D Decreased infusion of analgesia/ sedation/paralysis

Nil No action taken

PB Pre-procedure bolus of analgesia

Pre Pre-procedure score

Post Post-procedure score



PIPP PAIN ASSESSMENT TOOL Premature infant pain profile

Patient label

Patient label			Date																	
Process	Indicators		Time																	
Chart	Gestational age	36 weeks or more	0																	
		32-35 weeks + 6 days	1																	
		28-31 weeks + 6 days	2																	
		less than 28 weeks	3																	
Observe infant for 15 seconds	Behavioural state	Active, awake, eyes open, facial movements	0																	
		Quiet, awake, eyes open, no facial movements	1																	
		Active, awake, eyes closed, facial movements	2																	
		Quiet, asleep, eyes closed, no facial movements	3																	
Observe baseline HR and O2 sats for 30 secs	Heart rate maximum	0 bpm increase	0																	
		5-15 bpm increase	1																	
		15-24 bpm increase	2																	
		24 bpm increase	3																	
	O ₂ sats	92-100%	0																	
		89-91%	1																	
		85-88%	2																	
		84% or less	3																	
Observe infant's facial actions for 30 seconds	Brow bulge	none	0																	
		minimum	1																	
		moderate	2																	
		maximum	3																	
	Eye squeeze	none	0																	
		minimum	1																	
		moderate	2																	
		maximum	3																	
	Nasio-labial furrow	none	0																	
		minimum	1																	
		moderate	2																	
		maximum	3																	
Total score																				
Procedure																				
Intervention	Score 0-6	No action																		
	Score 7-12	comfort measures e.g. Positioning, NNS, sucrose																		
	Score >12	Pharmacological intervention																		
Effectiveness Y/N																				
Signature initials																				

Adapted from KEMH Perth WA with permission