PIPP PAIN ASSESSMENT TOOL


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
Eg positioning, Containment, Swaddling, Non-nurtritive 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