

PAIN ASSESSMENT TOOL – UTILISING THE PREMATURE INFANT PAIN PROFILE (PIPP-R) TOOL

This Local Operating Procedure is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operating Procedure.

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INTRODUCTION

Pain assessment tools, such as the Premature Infant Pain Profile (PIPP-R) tool, are an important component in pain management for infants in hospitals.

1. AIM

- To objectively assess responses to acute procedural pain in infants, utilising a validated pain assessment tool

2. PATIENT

- Newborns

3. STAFF

- Medical and nursing staff

4. EQUIPMENT

- The Premature Infant Pain Profile (PIPP-R) Chart
- Oxygen saturation and heart rate monitoring equipment

NOTES:

- A self-directed computer learning package is available in the NCC
- Post-surgical infants, infants on pain relief, painful procedures, chest drains, infants with pain symptoms should be on a PIPP-R chart and scored every hour

5. CLINICAL PRACTICE

Procedure:

1. Undertake the first two assessments with another RN who is familiar with the tool.
2. Using the Pain Score Chart (Appendix 1):
 - Score gestational age
 - Score behavioural state by observing the infant for 15 seconds, *prior to cares*
 - Record baseline heart rate and oxygen saturation
 - Observe the infant for 30 seconds immediately *following* the event
 - Look back and forth from the monitor to the baby's face
 - Score physiologic and facial action changes seen during that time
 - Record final score, following the 30 second observation period:
 - Score ≤ 5 indicates no acute pain
 - Score >10 indicates moderate to severe pain

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3. Action Plan (Appendix 1):
- Score ≤ 5 – A (no action required)
 - Score 6-10 – B or C
 - Assess and provide comfort measures
 - Swaddling
 - Non-nutritive sucking
 - Oral Sucrose +/- pacifier
 - Containment
 - Breastfeeding
 - Score >10 – D
 - Assess
 - Consult with medical staff
 - Consider pharmacological treatment
 - Consider increasing medication dose, if prescribed

6. DOCUMENTATION

- eMR
- Daily Care Plan
- Neonatal Observation Chart

7. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

- Nil

8. RISK RATING

- Low

9. NATIONAL STANDARD

- Standard 1 Governance for Safety and quality in Health Service Organisation
- Standard 2 Partnering with Consumers
- Standard 4 Medication Safety
- Standard 9 Recognising and Responding to Clinical Deterioration in Acute Health Care

10. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre	RN	Registered Nurse
PIPP-R	Premature Infant Pain Profile – Revised		

11. REFERENCES

- American Academy of Pediatrics (2006) Prevention and Management of Pain in the Neonate: An Update. *Pediatrics* 118, (5): 2231-2241.
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- Stevens, B., Johnston, C., Petryshen, P., & Taddio, A. (1996) Premature Infant Pain Profile: Development and Initial Validation. *The Clinical Journal of Pain* 12, (1): 13-22.
- Stevens, B., Gibbins, S., Yamada, J., Kimberly, D., Lee, G., Johnston, C., & Taddio, A. (2014). The Premature Infant Pain Profile-Revised (PIPP-R) Initial Validation and Feasibility. *The Clinical Journal of Pain* 30, (3): 238-243.

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12. AUTHOR

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REVISION & APPROVAL HISTORY

August 2018 Revised and Approved NCC LOPs Committee
March 2011 Revised and Approved NCC Policy/Procedure Working Group
June 2010 Primary

FOR REVIEW: 2023

Appendix 1. Royal Hospital for Women NCC Pain Score Chart (adapted from PIPP-R)

PROCESS	INDICATOR	0	1	2	3 DATE TIME	SCORE								
CHART	Gestational Age	36 weeks and more	32 weeks to 35 weeks, 6 days	28 weeks to 31 weeks, 6 days	27 weeks and less									
Observe infant for 15 seconds Observe baseline: Heart Rate, O ₂ Saturation	Behavioural State	Quiet/sleep <i>Eyes closed No facial movement</i>	Quiet/Awake <i>Eyes open No facial movement</i>	Active/sleep <i>Eyes closed Facial movement</i>	Active /Awake <i>Eyes open Facial movements</i>									
Observe infant for 30 seconds	Heart Rate Max _____	0-4 beats/min increase	5-14 beats/min. increase	15-24 beats/min increase	25 beats/min or more increase									
	O₂ Saturation Min _____	0-2.4% decrease	2.5-4.9%	5.0-7.4%	7.5% or more decrease									
	Brow Bulge	None 0-9% of time	Minimum 10-30% of time	Moderate 49-69% of time	Maximum 70% of time or more									
	Eye Squeeze	None 0-9% of time	Minimum 10-39% of time	Moderate 49-69% of time	Maximum 70% of time or more									
	Nasolabial furrow	None 0-9% of time	Minimum 10-39% of time	Moderate 49-69% of time	Maximum 70% of time or more									
Ref: Stevens, B., Gibbins, S., Yamada, J., Kimberly, D., Lee, G., Johnston, C., & Taddio, A. (2014). The Premature Infant Pain Profile-Revised (PIPP-R) Initial Validation and Feasibility. The Clinical Journal of Pain 30, (3): 238-243.						TOTAL SCORE								
Management Initiated as per guide														
Procedural Pain Management in NCC														
Pain Score <5	No action required A	Pain Score 6 - 10	Assess→ Provide Comfort Measures	Swaddling Non-nutritive Sucking Oral sucrose B	Containment Breastfeeding Oral sucrose + Pacifier C	Pain Score >10	Assess	→ Consult with Medical staff	→ Consider Pharmacologic treatment	→ Consider increasing medication dose (if prescribed).	D			

Guide to Facial Actions:

