

Neonatal/Infant Pain Scale (NIPS)

(Recommended for children less than 1 year old) – A score greater than 3 indicates pain.

Pain Assessment		
Facial Expression		
0	Relaxed muscles	Restful face, neutral expression
1	Grimace	Tight facial muscles; furrowed brow, chin, jaw, (negative facial expression-nose, mouth and brow)
Cry		
0	No Cry	Quiet, not crying
1	Whimper	Mild moaning, intermittent
2	Vigorous Cry	Loud scream; rising, shrill, continuous (Note: Silent cry may be scored if baby is intubated as evidenced by obvious mouth and facial movement.)
Breathing Patterns		
0	Relaxed	Usual pattern for this infant
1	Change in Breathing	Indrawing, irregular, faster than usual; gagging; breath holding
Arms		
0	Relaxed/Restrained	No muscular rigidity; occasional random movements of arms
1	Flexed/Extended	Tense, straight arms; rigid and/or rapid extension, flexion
Legs		
0	Relaxed/Restrained	No muscular rigidity; occasional random leg movement
1	Flexed/Extended	Tense, straight legs; rigid and/or rapid extension, flexion
State of Arousal		
0	Sleeping/Awake	Quiet, peaceful sleeping or alert random leg movement
1	Fussy	Alert, restless, and thrashing

From Lawrence J, Alcock D, McGrath P, et al: The development of a tool to assess neonatal pain, *Neonatal Network* 12:59-65, 1993.