



**NICU**  
**Pain Assessment**  
**And Score Chart**

**MUST ATTACH PATIENT LABEL HERE**

SURNAME: \_\_\_\_\_ NHI: \_\_\_\_\_

FIRST NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_

Please ensure you attach the correct visit patient label

		DATE AND TIME IN HOURS												
PARAMETERS	SIGNS AND SYMPTOMS	SCORE												
Posture/Tone	Extended, wide spread digits	1												
	Flexed/tense, clenched fists	2												
Cry	No	0												
	Yes, loud and doesn't settle	2												
Sleep Pattern	Relaxed	0												
	Agitated, restless	2												
Expression	Frown, shallow furrows	1												
	Grimace, deep furrows	2												
Colour	Pink, well perfused	0												
	Pale/dusky/ flushed	2												
Respirations	Tachypnoea at rest	1												
	Apnoea at rest/ with handling	2												
Heart Rate	Tachycardia at rest	1												
	Fluctuating at rest	2												
Oxygen Saturation	Normal	0												
	Desaturation	2												
Blood Pressure	Normal	0												
	Hypo/hypertension	2												
Nurse Perception	No pain	0												
	Yes pain	2												
	TOTAL SCORE													
	SCORER'S INITIALS													

Consider comfort measures/commencing or adjusting treatment for score >5

PAIN ASSESSMENT AND SCORE CHART

CR5819



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