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UNIVERSITY OF ILLINOIS MEDICAL CENTER AT CHICAGO  
CLINICAL CARE GUIDELINE

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**SUBJECT: Practice Guidelines for Pain Assessment and Management in Term Neonates**

### OBJECTIVE

The goal of these guidelines is to improve the assessment and management of pain for our patients.

This goal will be achieved by:

- Screening all patients for presence or absence of pain
- Assessing and reassessing for pain
- Managing the patients' pain by following practice guidelines
- Measuring pain levels by using a standardized tool
- Implementing non-pharmacologic and/or pharmacologic interventions
- Documenting interventions in a timely manner in the appropriate record form
- Providing continuous educational programs such as the "Multidisciplinary Grand Rounds Series"

### DEFINITION

**Pain:** An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage (International Association for the Study of Pain, 1979)

### POSITION STATEMENTS

1. We at the University of Illinois Medical Center at Chicago believe that the relief of pain is integral to the mission of the Medical Center.
2. We support and respect the University of Illinois Patients' Bill of Rights on Pain, adapted from examples provided by the Joint Commission.
3. We are committed to optimizing pain management for each patient through individualized care.

### PROCEDURE

#### I. Admission

- A. Physicians, nurses, pharmacists and other health care professionals who provide direct patient care will be responsible for assessment of pain.

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- B. Pain is an extremely subjective experience (there are no objective instruments to measure pain) therefore the patient's self-report of pain is accepted. Pain is demonstrated as crying and other physical signs in newborns.
- C. All patients will be screened for the presence or absence of pain on admission or visit utilizing a screening tool. The initial patient encounter will include a comprehensive pain history and assessment based on patient self-report. Factors may include the following parameters:
  - Description
    - a. Neonatal Infant Pain Scale (NIPS)
  - Location (if related to procedure of known pathology)
  - Aggravating and alleviating factors
  - Impact on functional ability: sleep, appetite, mobility

## II. Reassessment

- A. Ongoing pain assessment will be needed to evaluate the changing nature of pain and to determine the response to treatment.
- B. Pain will be reassessed before and after each intervention. In case of a pharmacological intervention, the timing of assessment will depend on the route of administration and onset of action of the agent.
- C. Any patient with a pain score greater than 2 will have an intervention performed and documented. Reassess NIPS score 15 minutes after the intervention was implemented. If the subsequent NIPS score is greater than 2, select and provide additional non-pharmacologic interventions. Reassess the NIPS score 15 minutes after the second intervention(s). If the NIPS score remains greater than 2, notify the primary healthcare provider.

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