

Table 2

Riley Infant Pain Scale Assessment Tool

Process for use:

1. Assess the infant prior to and post-painful events, during painful procedures, prior to and after the use of interventions such as sucrose, swaddling, holding, medications.
2. Document changes in Score—ex. 12/18 pre-sucrose, 6/18 post sucrose.

Points	0	1	2	3
Facial	Neutral/ Smiling	Frowning/ Grimacing	Clenched teeth	Full cry expression
Body Movement	Calm, relaxed	Restless/ Fidgeting	Moderate agitation or moderate mobility	Thrashing, flailing incessant agitation or strong voluntary immobility
Sleep	Sleeping quietly with easy respirations	Restless while asleep	Sleeps intermittently (sleep/wake)	Sleeping for prolonged periods of time interrupted by jerky movements OR unable to sleep
Verbal/vocal	No cry	Whimpering/ complaining	Pain crying	Screaming, high-pitched cry
Consolability	Neutral	Easy to console	Not easy to console	Inconsolable
Response to movement	Moves easily	Winces when touched/moved	Cries out when moved/touched	High-pitched cry or scream when touched or moved

Adapted from: Schade JG, et al. Comparison of three preverbal scales for postoperative pain assessment in a diverse pediatric sample. *J Pain Symptom Manage*. 1996;12(6):348-359.