

S C R E A M S

There are five categories to score and each category can be scored from 0-2. The maximum total score is 10

	SCORE 0	SCORE 1	SCORE 2
Signs (if monitored)	HR &/or BP Within normal range for baby	HR &/or BP 10 – 25% above normal range	HR &/or BP >25% above normal range
CRy	None	Audible or silent (ventilated)	Inconsolable
Expression	Relaxed	Grimace	Anguished or inert
And Movement	Relaxed	Restless	Exaggerated or inert
Sleep state	Asleep or quietly alert	Disturbed sleep pattern	Constantly awake

Guide to behavioural terms used in the SCREAMS pain assessment tool

Expression	Score	Definition	Movement	Score	Definition
Relaxed	0	Deep sleep or quietly alert	Relaxed	0	Relaxed trunk and limbs, body in tucked position, hands cupped
Grimace	1	Frown, wandering gaze, narrowed eyes, pursed or parted lips	Restless	1	Startles with jerky or uncoordinated limb movement, flexion or extension of limb to withdraw from trauma
Anguished	2	Crumpled face, brow bulge, pronounced naso-labial furrow, eyes squeezed, cupped tongue	Exaggerated	2	Abnormal limb & neck extension, arching back, splaying of digits, swiping or thrashing of limbs
Inert	2	No response to trauma, no cry, staring, gaze avoidance (only seen during or immediately following trauma)	Inert	2	No response to trauma, still and inert, limp or rigid (only seen during or immediately following trauma)

Procedure codes

NP = no procedures	HP = heel prick	VP = venepuncture/cannulation
CVL = long line	AS = arterial stab	I = intubation
CD = chest drain	SPA = suprapubic aspiration	LP = lumbar puncture
POP = postoperative pain	PTD = post traumatic delivery	O = other (please specify)

Action codes

1 = no action	6 = Morphine/Fentanyl infusion or regular oral Morphine
2 = non-pharmacological consolation	7 = increase in Morphine/Fentanyl dose
3 = 24% sucrose	8 = topical anaesthetic e.g. Ametop, Lignocaine
4 = regular or PRN Paracetamol	9 = other, please specify
5 = stat dose of Codeine, Morphine, Fentanyl	

Interpretation of scores

For babies receiving chronic painful stimuli

e.g. ventilation, NEC, postoperative pain

0-2 Minimal pain or distress

Current management is appropriate. Continue regular assessment.

3-4 Mild pain or distress

Review current management of baby. May require non-pharmacological analgesia.

5-6 Moderate pain or distress

Review current management of baby. Requires analgesics or increased dose.

7-10 Severe pain or distress

Review current management of baby. Should receive analgesics or increased dose.

N.B.: Babies receiving paralysing agents cannot be accurately assessed.
They should receive continuous analgesia.

For babies receiving acute painful stimuli

e.g. invasive procedures

0-2 Minimal pain or distress, i.e. ultrasound

Baby should return to relaxed state without further intervention.

3-4 Mild pain or distress, i.e., SPA, venous cannulation/puncture, heel prick

Baby requires non pharmacological analgesia to return to relaxed state.

5-6 Moderate pain or distress, i.e. intubation, LP, arterial sampling/cannulation

Baby requires analgesics or further analgesics to return to relaxed state.

7-10 Severe pain or distress, i.e. chest drain

Baby requires analgesics or further analgesics to return to relaxed state.

N.B.: Anticipate pain prior to any invasive procedure and administer analgesics, as per protocol.

Treatment options

For dose please refer to local neonatal prescribing guideline.

SEVERE PAIN		IV MORPHINE
	OR	IV FENTANYL
	AND	PO/PR PARACETAMOL
MODERATE PAIN		IV/PO MORPHINE
	OR	PO/PR CODEINE
	AND	PO/PR PARACETAMOL
MILD PAIN		PO/PR PARACETAMOL
	AND/OR	ORAL SUCROSE
COMBINE WITH	<ul style="list-style-type: none">• AMETOP CREAM/PATCH for LP, SPA, venous cannulation• LIGNOCAINE 1% INFILTRATION for chest drain, extravasation injury	