

N-PASS:

Neonatal Pain, Agitation, & Sedation Scale

Assessment	Sedated ♦		Normal	Pain / Agitation ♥		
	-2	-1	0	+1	+2	
1. Cry	No cry with painful stimuli	Cry or moan with painful stimuli	appropriate	no pain	intermittent consolable	continuous inconsolable
2. State	No arousal to stimuli; no spont. movement	Minimal arousal to stimuli; ↓spont. movement	appropriate	no pain	restless, awakens frequently	arches/kicks, constantly awake OR no movement
3. Expression	no expression with stimuli	minimal expression with stimuli	appropriate	no pain	intermittent facial expression	continuous facial expression
4. Tone	flaccid tone; no grasp with stimuli	weak grasp, ↓ tone with stimuli	appropriate	no pain	intermittent tense extremities	continuous tense extremities; body tense
5. Vitals (HR, RR, BP, O ₂ sat)	no variability with stimuli; shallow RR, ↓RR	↓ variability from baseline with stimuli	appropriate	no pain	10-20% from baseline; quick recovery	↑ 20% from baseline; slow recovery

Consider intervention if score over:
- 5 for sedation
+ 3 for pain

♦ Include **Sedation** score for potentially or currently sedated babies (eg. opiates, sedatives, anticonvulsant)

♥ Every baby gets a **Pain** score!

Add points for corrected age:

+3: under 29 weeks
+2: under 32 weeks
+1: under 36 weeks