

Riley Infant Pain Scale (RIPS)

Overview: The Riley Infant Pain Scale was developed at Riley Hospital for Children in Indiana. It is intended to assess pain in preverbal infants. It was adapted from the Pain Rating Scale used at Riley Hospital.

Parameters used to evaluate infants:

- (1) facial
- (2) body movement
- (3) sleep
- (4) verbal/touch
- (5) consolability
- (6) response to movements/touch

Parameter	Finding	Points
facial	neutral/smiling	0
	frowning/grimacing	1
	clenched teeth	2
	full cry expression	3
body movement	calm relaxed	0
	restless/fidgeting	1
	moderate agitation or moderate mobility	2
	thrashing flailing incessant agitation or strong voluntary immobility	3
sleep	sleeping quietly with easy respirations	0
	restless while asleep	1
	sleeps intermittently (sleep/awake)	2
	sleeping for prolonged periods of time interrupted by jerky movements or unable to sleep	3
verbal/vocal	no cry	0
	whimpering complaining	1
	pain crying	2

	screaming high pitched cry	3
consolability	neutral	0
	easy to console	1
	not easy to console	2
	inconsolable	3
response to movement/touch	moves easily	0
	winces when touched or moved	1
	cries out when moved/touched	2
	high pitched cry or scream when touched or moved	3

Riley Infant Pain Scale = SUM(points for the 6 parameters)

average value = (Riley Infant Pain Scale) / 6

Interpretation:

- minimum score: 0
- maximum score: 18
- The higher the score the more marked the pain.
 - An alternative method of scoring is to consider the table as 4 columns graded from 0 to 3 and to assign the infant to the grade with the features matching the child's behavior (page 351 Schade 1996). This is similar to the use of the Riley Pain Rating Scale.

References:

Joyce BA Schade JG et al. Reliability and validity of preverbal pain assessment tools. Issues in Comprehensive Pediatric Nursing. 1994; 17: 121-135.

Schade JG Joyce BA et al. Comparison of three preverbal scales for postoperative pain assessment in a diverse pediatric sample. J Pain Symptom Manage. 1996; 12: 348-359.