

CRIES Pain Scale

Full name of neonate: _____ Gender: _____ Date of assessment: _____

Coding tip for CRIES

Crying	<p>The characteristic cry of pain is <i>high pitched</i>.</p> <ul style="list-style-type: none"> • If no cry or cry which is not high pitched score 0 • If cry high pitched but baby is easily consoled score 1 • If cry is high pitched and baby is inconsolable score 2
Requires O ₂ for Sat >95%	<p>Look for <i>changes</i> in oxygenation. Babies experiencing pain manifest decreases in oxygenation as measure by TCO₂ or oxygen saturation.</p> <ul style="list-style-type: none"> • If no oxygen is required score 0 • If <30% O₂ is required score 1 • If >30% is required score 2
Increased vital signs	<p><i>*Note: Take blood pressure last as this may wake child causing difficulty with other assessments.</i></p> <p>Use baseline pre-op parameters from a non-stressed period.</p> <p>Multiply baseline HR x 0.2 then add this to baseline HR to determine the HR which is 20% over baseline. Do likewise for BP. Use mean BP.</p> <ul style="list-style-type: none"> • If HR and BP are both unchanged or less than baseline score 0 • If HR or BP is increased but increase is <20% score 1 • If either one is increased >20% over baseline score 2
Expression	<p>The facial expression most often associated with pain is a grimace. This may be characterized by: brow lowering, eyes squeezed shut, deepening of the naso-labial furrow, open lips, and mouth.</p> <ul style="list-style-type: none"> • If no grimace is present score 0 • If grimace alone is present score 1 • If grimace and non cry vocalization grunt is present score 2
Sleepless	<p>This parameter is scored based upon the infant's state during the hour preceding this recorded score.</p> <ul style="list-style-type: none"> • If the child has been continuously asleep score 0 • If he/she has awakened at frequent intervals score 1 • If he/she has been awake constantly score 2

Assess the five parameters below and record the score for each date/time of observation:	Date and time				
Crying: The characteristic cry of pain is high-pitched. <ul style="list-style-type: none"> If no cry or cry which is not high pitched score 0. If cry high pitched but baby is easily consoled score 1. If cry is high pitched and baby is inconsolable score 2. 					
Requires O₂ for Sat > 95%: Look for changes in oxygenation. Babies experiencing pain manifest decreases in oxygenation as measured by TCO ₂ or oxygen saturation. <ul style="list-style-type: none"> If no oxygen is required score 0. If <30% O₂ is required score 1. If >30% is required score 2. Consider other causes of changes in oxygenation: atelectasis, pneumothorax, over sedation, etc.)					
Increased vital signs: Use baseline pre-op parameters from a non-stressed period. Multiply baseline HR x 0.2 then add this to baseline HR to determine the HR which is 20% over baseline. Do likewise for BP, use mean BP. <ul style="list-style-type: none"> If HR and BP are both unchanged or less than baseline score 0. If HR or BP is increased but increase is <20% of baseline score 1. If either one is increased >20% over baseline score 2. <i>Note: Take blood pressure last as this may wake child causing difficulty with other assessments.</i>					
Expression: The facial expression most often associated with pain is a grimace. This may be characterized by: brow lowering, eyes squeezed shut, deepening of the naso-labial furrow, open lips and mouth. <ul style="list-style-type: none"> If no grimace is present score 0. If grimace alone is present score 1. If grimace and non cry vocalization grunt is present score 2. 					
Sleepless: This parameter is scored based upon the infant's state during the hour preceding this recorded score. <ul style="list-style-type: none"> If the child has been continuously asleep score 0. If he/she has awakened at frequent intervals score 1. If he/she has been awake constantly score 2. 					
Total score:					

Scoring and interpretation

The CRIES scale is used for infants > than or = 38 weeks of gestation. Characteristics of crying, oxygen requirement, changes in vital signs, facial expression, and sleep state are scored. A maximal score of 10 is possible.

If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.

Reference

Krechel, S. W., & Bildner, J. (1995). CRIES: a new neonatal postoperative pain measurement score: Initial testing of validity and reliability. *Pediatric Anesthesia*, 5(1), 53–61. <https://doi.org/10.1111/j.1460-9592.1995.tb00242.x>