



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Neonatal Intensive Care Unit (NICU)		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	NICU-Pain Management		
<b>Applies To:</b>	All NICU Staff		
<b>Preparation Date:</b>	January 12, 2025	<b>Index No:</b>	NICU-DPP-049
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## 1. PURPOSE:

- 1.1 To effectively manage pain in the neonate by providing comfort measures, decreasing noxious stimuli and administering non-pharmacologic and pharmacologic therapies.

## 2. DEFINITIONS:

- 2.1 **Nasolabial Fold** - commonly known as "smile lines" or "laugh lines", are facial features. They are the two skin folds that run from each side of the nose to the corners of the mouth. They are defined by facial structures that support the buccal fat pad.
- 2.2 **Sheepskin** – bed pad that used for helping to prevent pressure sores

## 3. POLICY:

- 3.1 Efforts should be made to modify the NICU environment to alleviate periods of stress and minimize pain for new-borns in order to optimize the newborn's growth and development.
- 3.2 All members of the healthcare team, including the parents will formulate a developmental care plan to provide organized care to minimize handling of the newborn, decrease pain and stress, promote periods of rest and provide appropriate stimulation for positive growth.

## 4. PROCEDURE:

- 4.1 Observe and document the newborn's specific pain and stress responses. Signs and symptoms of stress and pain include increase in baseline vital signs, hiccups, coughing, sneezing, yawning, oxygen desaturations, cry, whimper, facial grimace, nasolabial furrow, hypotonia, gaze aversion, decreased sleep periods, hyperglycemia.
  - 4.1.1 Decrease auditory stimulation. Minimize noise levels to be less than 45Db. Close portholes gently. Medical and nursing rounds should be away from the bedside.
  - 4.1.2 Light should be cycled to promote the development of circadian rhythms. Covering the incubator decreases light at the newborn's level. Adjustable lighting should be used at bedside.
  - 4.1.3 Place the newborn on a sheepskin/ pressure relief mattress. A preterm newborn can be nursed on a full body Z- flo mattress. Provide boundaries. Swaddle when possible.
  - 4.1.4 To calm the stressed newborn, flex the extremities onto the chest and abdomen and provide containment by applying gentle pressure. Encourage non-nutritive sucking.
  - 4.1.5 Position the newborn in a prone or side lying position to facilitate flexion or extremities and encourage hand to face movement.
  - 4.1.6 Encourage parent newborn interaction and parenteral involvement in their newborn's care as appropriate. Teach parents signs of stress in the newborn and ways to calm their newborn.

4.1.7 Provide analgesia whenever invasive procedures are required. Pain relief must also be considered for postoperative care. Opioids may cause respiratory depression and require the use of assisted ventilator strategies.

## 5. MATERIAL AND EQUIPMENT:

N/A

## 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

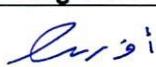
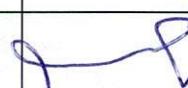
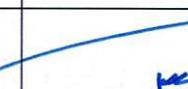
## 7. APPENDICES:

N/A

## 8. REFERENCES:

- 8.1 Ministry of Health, Policies and Procedures in Neonatology, Guidelines for Neonatal Care

## 9. APPROVALS:

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