- Thrashing
- Rigidity
- Flaccidity
- Fist clenching

Changes in state: Observe sleep, appetite, activity level

- Changes in sleep-wake cycles
- Changes in feeding behavior
- Changes in activity level
- Fussiness, irritability
- Listlessness

SaO_2, Arterial oxygen saturation; *$TcPO_2$,* transcutaneous oxygen pressure.

Although regular use of pain assessment tools can assist caregivers in determining whether the infant is in pain, caregivers must consider the infant's maturity, behavioral state, energy resources available to respond, and risk factors for pain. In infants with diminished ability to respond robustly to pain, it is imperative to presume that pain exists in all situations that are usually considered painful for adults and children, even in the absence of behavioral or physiologic signs.

Several pain assessment tools for neonates have been developed (Table 5-3). One tool used by nurses who work with premature and full-term infants in the neonatal intensive care setting is called *CRIES,* which is an acronym for the tool's physiologic and behavioral indicators of pain: **C**rying, **R**equiring increased oxygen,