

Non-communicating Children's Pain Checklist – Postoperative Version (NCCPC-PV)

NAME: _____	UNIT/FILE #: _____	DATE: _____ (dd/mm/yy)
OBSERVER: _____	START TIME: _____ AM/PM	STOP TIME: _____ AM/PM

How often has this child shown these behaviours in the last 10 minutes? Please circle a number for each behaviour. If an item does not apply to this child (for example, this child cannot reach with his/her hands), then indicate "not applicable" for that item.

0 = NOT AT ALL 1 = JUST A LITTLE 2 = FAIRLY OFTEN 3 = VERY OFTEN NA = NOT APPLICABLE

I. Vocal

1. Moaning, whining, whimpering (fairly soft).....	0	1	2	3	NA
2. Crying (moderately loud).....	0	1	2	3	NA
3. Screaming/yelling (very loud).....	0	1	2	3	NA
4. A specific sound or word for pain (e.g., a word, cry or type of laugh).....	0	1	2	3	NA

II. Social

5. Not cooperating, cranky, irritable, unhappy.....	0	1	2	3	NA
6. Less interaction with others, withdrawn.....	0	1	2	3	NA
7. Seeking comfort or physical closeness	0	1	2	3	NA
8. Being difficult to distract, not able to satisfy or pacify.....	0	1	2	3	NA

III. Facial

9. A furrowed brow	0	1	2	3	NA
10. A change in eyes, including: squinching of eyes, eyes opened wide, eyes frowning	0	1	2	3	NA
11. Turning down of mouth, not smiling.....	0	1	2	3	NA
12. Lips puckering up, tight, pouting, or quivering	0	1	2	3	NA
13. Clenching or grinding teeth, chewing or thrusting tongue out	0	1	2	3	NA

IV. Activity

14. Not moving, less active, quiet.....	0	1	2	3	NA
15. Jumping around, agitated, fidgety.....	0	1	2	3	NA

V. Body and Limbs

16. Floppy	0	1	2	3	NA
17. Stiff, spastic, tense, rigid	0	1	2	3	NA
18. Gesturing to or touching part of the body that hurts	0	1	2	3	NA
19. Protecting, favoring or guarding part of the body that hurts	0	1	2	3	NA
20. Flinching or moving the body part away, being sensitive to touch.....	0	1	2	3	NA
21. Moving the body in a specific way to show pain (e.g. head back, arms down, curls up, etc.)	0	1	2	3	NA

VI. Physiological

22. Shivering	0	1	2	3	NA
23. Change in color, pallor	0	1	2	3	NA
24. Sweating, perspiring	0	1	2	3	NA
25. Tears.....	0	1	2	3	NA
26. Sharp intake of breath, gasping.....	0	1	2	3	NA
27. Breath holding.....	0	1	2	3	NA

SCORE SUMMARY:

Category:	I	II	III	IV	V	VI	TOTAL
Score:							

USING THE NCCPC-PV

The NCCPC-PV was designed to be used for children, aged 3 to 18 years, who are unable to speak because of cognitive (mental/intellectual) impairments or disabilities. It can be used *whether or not* a child has physical impairments or disabilities. Descriptions of the types of children used to validate the NCCPC-PV can be found in: Breau, L.M., Finley, G.A., McGrath, P.J. & Camfield, C.S. (2002). Validation of the Non-Communicating Children's Pain Checklist - Postoperative Version. *Anesthesiology*, 96 (3), 528-535. The NCCPC-PV was designed to be used without training by parents and caregivers (carers), or by other adults who are not familiar with a specific child (do not know them well).

The NCCPC-PV may be freely copied for clinical use or use in research funded by not-for-profit agencies. For-profit agencies should contact Lynn Breau: Pediatric Pain Research, IWK Health Centre, 5850 University Avenue, Halifax, Nova Scotia Canada, B3J 3G9 (lbreau@ns.sympatico.ca).

The NCCPC-PV was intended for use for pain after surgery or due to other procedures conducted in hospital. If short or long-term pain is suspected for a child at home or in a long-term residential setting, the **Non-communicating Children's Pain Checklist – Revised** may be used. It can be obtained by contacting Lynn Breau. Information regarding the NCCPC-R can be found in: Breau, L.M., McGrath, P.J., Camfield, C.S. & Finley, G.A. (2002). Psychometric Properties of the Non-communicating Children's Pain Checklist-Revised. *Pain*, 99, 349-357.

ADMINISTRATION:

To complete the NCCPC-R, base your observations on the child's behavior over **10 minutes**. *It is not necessary to watch the child continuously for this period*. However, it is recommended that the observer be in the child's presence for the majority of this time (e.g.; be in the same room with the child). Although shorter observation periods may be used, the cut-off scores described below may not apply.

At the end of the observation time, indicate how frequently (how often) each item was seen or heard. This should not be based on the child's typical behavior or in relation to what he or she usually does. A guide for deciding the frequency of items is below:

0	=	Not present at all during the observation period. (Note if the item is not present because the child is not capable of performing that act, it should be scored as "NA").
1	=	Seen or heard rarely (hardly at all), but is present.
2	=	Seen or heard a number of times, but not continuous (not all the time).
3	=	Seen or heard often, almost continuous (almost all the time); anyone would easily notice this if they saw the child for a few moments during the observation time.
NA	=	Not applicable. This child is not capable of performing this action.

SCORING:

1. Add up the scores for each subscale and enter below that subscale number in the Score Summary at the bottom of the sheet. Items marked "NA" are scored as "0" (zero).
2. Add up all subscale scores for Total Score.
3. Check whether the child's score is greater than the cut-off score.

CUT-OFF SCORE:

Based on the scores of 24 children aged 3 to 18 (Breau, Finley, McGrath & Camfield, 2002), a **Total Score of 11 or more** indicates a child has **moderate to severe pain**. Based on unpublished data from this same sample, a **Total score of 6-10** indicates a child has **mild pain**. When parents and caregivers completed the NCCPC-PV in hospital for the study group, this was accurate 88% of the time. When other observers completed the NCCPC-PV, this was accurate 75% of the time. A Total Score of 10 or less indicates less than moderate/severe pain. This was correct in the study group for parents and caregivers 81% of the time, and for other observers 63% of the time.

USE OF CUT-OFF SCORES:

As with all observational tools, caution should be taken in using cut-off scores, because they may not be 100% accurate. They should not be used as the only basis for deciding whether a child should be treated for pain. In some cases children may have lower scores when pain is present. For more detailed instructions for use of the NCCPC-PV in such situations, please refer to the full manual, available from Lynn Breau: Pediatric Pain Research, IWK Health Centre, 5850 University Avenue, Halifax, Nova Scotia Canada, B3J 3G9 (lbreau@ns.sympatico.ca).