

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 Less interaction with others, withdrawn.....	0	1	2	3	NA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: squinting 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							