

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).

FIG 5-4 Non-communicating Children's Pain Checklist
—Postoperative Version (NCCPC- PV). (Copyright 2004, Lynn
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Cultural Differences

Expression of pain can be greatly affected by communication barriers (Azize, Humphreys, Cattani, 2011). A major challenge in the assessment and management of pain in children is the cultural