



ORIGINAL ARTICLE

Validation of the Spanish version of the Parent's Postoperative Pain Management pain scale[☆]



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Abstract

Introduction: Assessment of postoperative pain is a fundamental aspect of post-surgical care. In day surgery paediatric patients, parents are mainly responsible for assessing paediatric pain; however, their estimation may not always be correct, and instruments are needed to help them make a reliable evaluation. The Parent's Postoperative Pain Measurement (PPPM) is a behavioural measure of postoperative pain developed to assist parents with pain assessment. The purpose of this study was to translate the PPPM into Spanish and validate the psychometric properties of the new Spanish version.

Method: A total of 111 paediatric surgery patients aged between 2 and 12 years and 1 parent of each study subject were included. After surgery, each child's level of pain was assessed, and each parent completed the Spanish PPPM scale.

Results: The PPPM items in Spanish showed good internal consistency (Cronbach's alpha between 0.784 and 0.900) and scores were closely related to the global pain assessment (Spearman's rho correlation between 0.626 and 0.431). The score decreased from the day of surgery to the first postoperative day, and the scale was successful in discriminating between children who had undergone mild, moderate and severe pain surgeries.

Conclusions: We conclude that the Spanish version of the PPPM scale evaluated in this study is a suitable tool for assessing paediatric postoperative pain in the home.

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PALABRAS CLAVE

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Validación de la versión española de la escala de evaluación del dolor postoperatorio Parent's Postoperative Pain Management

Resumen

Introducción: La evaluación del dolor postoperatorio es un aspecto fundamental de los cuidados posquirúrgicos. Cuando la cirugía es ambulatoria, los principales responsables de la evaluación del dolor son los padres, pero los padres no siempre pueden evaluar correctamente el dolor de los niños. Esto hace necesario disponer de instrumentos que les ayuden a valorar el dolor postoperatorio de manera fiable. La Parent's Postoperative Pain Measurement (PPPM) es una medida conductual de dolor postoperatorio desarrollada para ayudar a los padres a evaluar el dolor postoperatorio de los niños. El propósito de este trabajo fue traducir al español esta escala y validar las propiedades psicométricas de esta versión en español.

Método: Participaron 111 niños de entre 2 y 12 años sometidos a cirugía y uno de sus padres. Tras la operación, se valoró el nivel de dolor de los niños y los padres completaron la escala PPPM en español.

Resultados: Los ítems de la escala PPPM en español mostraron buena consistencia interna (alfa de Cronbach entre 0,784 y 0,900) y las puntuaciones en la escala estuvieron fuertemente relacionadas con la evaluación global del dolor (correlación Rho de Spearman entre 0,626 y 0,431). La puntuación en la escala disminuyó entre el día de la operación y el día siguiente, y discriminó bien entre los niños sometidos a cirugías calificadas como de dolor bajo/moderado y de alto dolor.

Conclusiones: Concluimos que la versión española de la escala PPPM que se incluye en este trabajo tiene buenas propiedades psicométricas para evaluar el dolor postoperatorio en el domicilio por parte de los padres.

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Changes in the organisation of the public health service have significantly increased the number of procedures carried out in day surgery units. Around 60% to 70% of paediatric pathologies require short, low-risk procedures with minimum blood loss. This, together with a low rate of comorbidities, has made outpatient surgery an attractive option in children. Day surgery has several advantages: it shortens hospital stays, minimises disruptions in the family's routine and benefits the patient's psychosocial well-being. Moreover, the parents of day surgery patients tend to be less anxious and more cooperative.¹ Aside from reducing incidence of nosocomial infection, day surgery is cost-effective, helps shorten waiting lists, and has been associated with speedier somatic and psychological recovery times.¹ Cost savings, however, should never be made at the expense of quality of care, outcomes, and patient satisfaction.² In paediatric day surgery, patients are discharged from hospital within a few hours; therefore, postoperative pain management is largely the responsibility of parents. A number of studies have shown that parental pain assessment is not always reliable, and many parents underestimate their child's level of pain³, a situation that could be related with a tendency to under-medicate their children during the postoperative period.⁴ For this reason, parents need tools that can help them make an accurate assessment.

The Parent's Postoperative Pain Measurement (PPPM) is a postoperative pain behavioural measure developed to help parents in the assessment of postoperative pain in children.⁵ The PPPM was initially designed to be used with children

between 7 and 12 years,⁶ but subsequent studies⁵ confirmed the reliability and validity of the scale as a measure of postoperative pain in children from 2 to 12 years. Several studies have confirmed the reliability and validity of the original PPPM;^{5,7,8} it has been incorporated into clinical practice guidelines,⁹ and is one of the recommended observational measures for assessing postoperative pain in children and adolescents in the home.¹⁰ The PPPM scale has been used in studies for various purposes: assessing differences between surgical techniques^{8,11}; measuring chronic pain in children^{12,13}; examining children's and parent's perspectives in coping with postoperative pain¹⁴; examining the relationship between postoperative pain and parents' perception of their adherence to pain management instructions given at discharge¹⁵; understanding parents' perception of their child's pain¹⁶ or the use of non-pharmacological methods to alleviate their child's postoperative pain in the home¹⁷; comparing the effect of different anaesthetics^{18,19}; studying the psychological predictors of postoperative sleep patterns in children following day surgery²⁰, or the prevalence and predictors of sleep disturbances following day surgery²¹; studying the relationship between preoperative anxiety, postoperative pain and other problems²²; comparing the parental global impression of acute pain in children against the PPPM score and self-reported pain²³; and examining parental pharmacological and non-pharmacological pain management following fracture injuries in children.²⁴ The impact of the PPPM on pain management strategies adopted by the parents of children aged between 1 and 2

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