

Critical-Care Pain Observation Tool

Altered [cognition](#) or [hemiparesis](#) can occur in neurocritical but conscious patients, and recognizing [pain](#) is challenging. This study aimed to test the reliability and validity of the Critical-Care Pain Observation Tool (CPOT) in this specific group.

Materials and methods: This prospective study included ventilated, conscious patients who had certain neurologic deficits. CPOT scores were assessed before and after nociceptive (turning the patient) and non-nociceptive (measuring body temperature) procedures. The patients' self-reported pain was also recorded using a numerical rating scale (NRS).

Results: Sixty-three patients were enrolled. The intraclass correlation coefficient was $r = 0.975-1.000$ ($p < 0.001$) for turning the patient. Discriminant validation indicated that CPOT scores were significantly higher after turning the patient compared with measuring body temperature ($p = 0.025$). CPOT scores were positively correlated with NRS when turning the patient ($r = 0.724$, $p < 0.001$). After turning, the mean increase in CPOT score was lower in the patients with hemiparesis than in those without hemiparesis ($p = 0.079$), however it was significantly higher in the patients with cognitive dysfunction compared to those without cognitive dysfunction ($p = 0.022$).

Conclusions: The CPOT is an appropriate instrument to assess pain in conscious patients, particularly those with cognitive dysfunction. The influence of hemiparesis on the CPOT is noteworthy ¹⁾.

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Liu YT, Lee CC, Chen CC, Chiu YH, Liu ZH, Wang YC. Verification of the critical-care pain observation tool in conscious patients with hemiparesis or cognitive dysfunction. J Crit Care. 2021 Jun 9;65:91-97. doi: 10.1016/j.jcrc.2021.06.001. Epub ahead of print. PMID: 34118505.

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