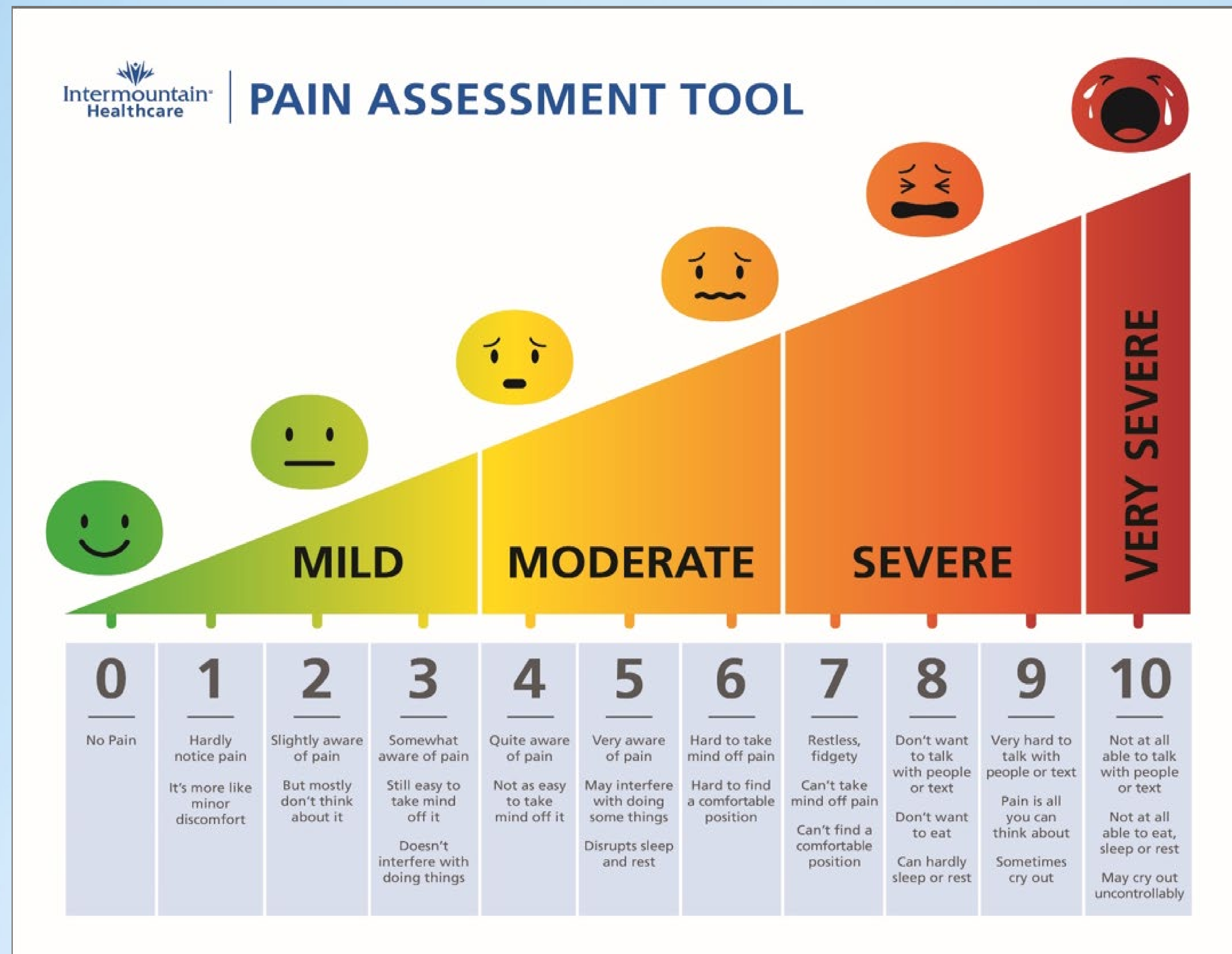


Say "Hello" to the iPAT, a new pediatric pain assessment tool.



		iPAT	WB
Spearman's rho	iPAT	1.000	.965**
	Correlation Coefficient		
	Sig. (2-tailed)	.	.000
WB	Correlation Coefficient	.965**	1.000
	Sig. (2-tailed)	.000	.
	N	259	259

** . Correlation is significant at the 0.01 level (2-tailed).

Validation of the iPAT, a new pediatric pain assessment tool

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INTRODUCTION

- Developed in 2017 to decrease variable use of multiple age-specific pain assessment tools
- Developed to be used across the life span, combines aspects of multiple existing tools
- Validation completed in 2021
- Adult validation study in progress

OBJECTIVES

The purpose of this study was to validate the iPAT in pediatric patients.

METHODS

- Sample of 259 pediatric patients in medical-surgical units, ED, or rapid treatment units
- Inclusion requirements: 3-18 years, able to self-report pain, English or Spanish speaking
- Concurrent validity of the iPAT determined by testing the association between participants' reported iPAT and Wong-Baker® scores
- Used the Spearman rank test: Correlation coefficient values are 0.97 (p<0.001).

RESULTS

This study concludes that the iPAT has excellent convergent validity with the Wong-Baker FACES Pain Rating Scale® in hospitalized children ages 3-18 years of age who can self-report pain using one universal tool. The use of the tool has been validated for this purpose.

RECOMMENDATION

The iPAT should be used to assess pain in pediatric patients 3-18 years of age who are able to self-report their pain.