



COMFORT PLAN

COMFORT MEASURES

How would you describe your/your child's experience(s) with previous needlesticks/procedures?

- no problems cries worries very fearful no previous experience

Comments: _____

Date: _____ Child's name: _____ Birthdate: _____

If available/applicable for your procedure would you like to use:

- cold pack numbing cream other

INFORMATION

Would your child like (check all that apply):

- step-by-step instructions
 one voice during procedure
 curtain pulled/privacy

PEOPLE

Who would the child like to be involved in the needlestick/ procedure? (check all that apply):

- caregiver staff
 Child Life Specialist (when available)

POSITION

Does the child prefer to:

- lie flat sit up be held

WATCHING

Does the child prefer to:

- watch procedure
 look away

DISTRACTION

Would your child like (check all that apply):

- count out loud "1, 2, 3," then poke
 bubbles book toys
 other refocusing ideas (specify): _____

COMFORT MEASURES

Does your child use any of these comfort measures? (check all that apply)

For infants:

- swaddle or skin to skin pacifier
 sucrose

Children of all ages:

- imagery (e.g. my favorite place)
 deep breathing
 my own comfort item
(stuffed animal, book, music)
 other