

Would you like to use other measures *(as possible for your procedure)?*

Buzzy® Numbing options: _____

Any other information you would like to share with us about your child that may be helpful: _____

Printed name of person filling out this form

Relationship to child

**UC DAVIS
HEALTH**

**CHILDREN'S
HOSPITAL**



COMFORT CARD

Date: _____

Child's name

MRN:

BIRTHDATE:

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: _____

Information: Would your child like (*check all that apply*):

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

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 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

Continued on back ►