

**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**



Supported by

**Children's  
Miracle Network  
Hospitals**



## 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

**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 (*stuffed animal, book, music*)

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