

**Comfort plan for:** \_\_\_\_\_

These are things that help comfort my child (please check all that apply)

**Environment; my child likes:**

quiet	warm	low/lights	soft/quiet voices
busy	cool	bright/sunny	
other _____			

*We know children do better when prepared ahead of time, but what and when you tell them, depends on your child.*

**My child likes information:**

far ahead to be ready	just before something happens	all the details	keep it short
with repetition	once is enough	limited choices	
choices are confusing, please just give clear instructions		count or warn	don't count, just do it
other _____			

**Comfort positioning for procedures; my child likes:**

family member cuddling or swaddling (babies only)		
sitting up, with family member close by		sitting up, by themselves
lying down, with family member close by		lying down, by themselves
holding my (or family member's) hand		other _____
please ask each time, it depends on the day or situation		

**Comfort items/distraction; my child likes:**

<b>Music:</b>	toys	singing	headphones
<b>Conversation:</b>	questions	stories	books
<b>Comfort Object:</b>	blanket	favorite toy/object	_____
<b>Relaxation:</b>	bubbles	pin wheels	deep breathing
	biofeedback	self hypnosis	imagery
	heated blanket	ice or cool pack	meditation/prayer
	acupressure	massage	warm pack
<b>Screens:</b>	video game	squeeze toy /stress ball	healing touch
	computer	TV/movie	aroma therapy _____
		favorite movie/game	phone app/game _____

Please do not try to distract, it helps them to watch what you are doing

**For Babies:**

sucrose

breast feeding

skin to skin (Kangaroo care)

rocking

pacifier

swaddling

other \_\_\_\_\_

**My child is also:**

sensitive to sounds

sensitive to touch

sensitive to scents

limited in what they hear

limited in what they see

upset by too many people in the room

**Please Do:** \_\_\_\_\_

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**Please Don't:** \_\_\_\_\_

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