

Comfort assessment

Behavior Scale

Date/time 1

Date/time 2

Date/time 3

Date/time 4

Sticker with patient's name

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Alertness

	1	2	3	4
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

deeply asleep (eyes closed, no response to changes in the environment)
 lightly asleep (eyes mostly closed, occasional responses)
 drowsy (child closes his/her eyes frequently, less responsive to the environment)
 awake and alert (child responsive to the environment)
 awake and hyper-alert (exaggerated responses to environmental stimuli)

Calmness/Agitation

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

calm (child appears serene and tranquil)
 slightly anxious (child shows slight anxiety)
 anxious (child appears agitated but remains in control)
 very anxious (child appears very agitated, just able to control)
 panicky (severe distress with loss of control)

Respiratory response

(only in mechanically ventilated children)

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

no spontaneous respiration
 spontaneous and ventilator respiration
 restlessness or resistance to ventilator
 actively breathes against ventilator or coughs regularly
 fights ventilator

Crying

(only in spontaneously breathing children)

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

quiet breathing, no crying sounds
 occasional sobbing or moaning
 whining (monotonous sound)
 crying
 screaming or shrieking

Physical movement

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

no movement
 occasional, (three or fewer) slight movements
 frequent, (more than three) slight movements
 vigorous movements limited to extremities
 vigorous movements including torso and head

Muscle tone

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

muscles totally relaxed; no muscle tone
 reduced muscle tone; less resistance than normal
 normal muscle tone
 increased muscle tone and flexion of fingers and toes
 extreme muscle rigidity and flexion of fingers and toes

Facial tension

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

facial muscles totally relaxed
 normal facial tone
 tension evident in some facial muscles (not sustained)
 tension evident throughout facial muscles (sustained)
 facial muscles contorted and grimacing

Total score

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ÜÜÖP XSPCA AJWUUUU

NRS pain*

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estimate of pain (0 = no pain to 10 = worst possible pain)

NISS*

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fill in: 1. insufficient sedation, 2. adequate sedation or 3. oversedation

Details sedatives/analgesics

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Reason assessment

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