

# Comfort assessment

## Behavior Scale

Date/time 1

Date/time 2

Date/time 3

Date/time 4

Sticker with  
patient's name

		Place a mark				
		1 ↓	2 ↓	3 ↓	4 ↓	
<b>Alertness</b>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	deeply asleep (eyes closed, no response to changes in the environment)
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lightly asleep (eyes mostly closed, occasional responses)
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	drowsy (child closes his/her eyes frequently, less responsive to the environment)
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awake and alert (child responsive to the environment)
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awake and hyper-alert (exaggerated responses to environmental stimuli)
<b>Calmness/ Agitation</b>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	calm (child appears serene and tranquil)
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	slightly anxious (child shows slight anxiety)
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anxious (child appears agitated but remains in control)
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very anxious (child appears very agitated, just able to control)
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	panicky (severe distress with loss of control)
<b>Respiratory response</b> <small>(only in mechanically ventilated children)</small>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no spontaneous respiration
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spontaneous and ventilator respiration
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	restlessness or resistance to ventilator
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	actively breathes against ventilator or coughs regularly
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fighters ventilator
<b>Crying</b> <small>(only in spontaneously breathing children)</small>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quiet breathing, no crying sounds
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	occasional sobbing or moaning
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	whining (monotonous sound)
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crying
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	screaming or shrieking
<b>Physical movement</b>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no movement
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	occasional, (three or fewer) slight movements
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	frequent, (more than three) slight movements
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vigorous movements limited to extremities
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vigorous movements including torso and head
<b>Muscle tone</b>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	muscles totally relaxed; no muscle tone
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reduced muscle tone; less resistance than normal
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal muscle tone
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	increased muscle tone and flexion of fingers and toes
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	extreme muscle rigidity and flexion of fingers and toes
<b>Facial tension</b>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	facial muscles totally relaxed
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal facial tone
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tension evident in some facial muscles (not sustained)
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tension evident throughout facial muscles (sustained)
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	facial muscles contorted and grimacing
<b>Total score</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>NRS pain*</b>	....	....	....	....		estimate of pain (0 = no pain to 10 = worst possible pain)
<b>NISS*</b>	....	....	....	....		fill in: 1. insufficient sedation, 2. adequate sedation or 3. oversedation
<b>Details sedatives/ analgesics</b>	<hr/>					
<b>Reason assessment</b>	<hr/>					

(Before or after medication or standard assessment) \*Abbreviations: NRS = Numeric Rating Score, NISS = Nurse Interpretation of Sedation Sale