



Child Comfort Check

To be completed by/with caregiver

All experiences matter. You and your child know what works best for you.

We will use this information to help create positive health experiences together for your child.

Patient Information

First Name: _____ Last Name: _____ Date of Birth: _____

Preferred Name: _____

Preparation (*Ready Together*)

Has your child had a blood test before? ☐ No ☐ Yes ☐ Many

How are they feeling about today: ☐ Comfortable ☐ Apprehensive ☐ Anxious ☐ Very anxious

What comforts or helps your child most: _____

What bothers or upsets your child most: _____

Your child's top 3 interests or favourite things are:

1 _____

2 _____

3 _____

Pain Relief (*Comfort First*)

☐ Numbing cream ☐ Buzzy Bee (*PCH only*) ☐ Breastfeeding ☐ Sucrose (Infants)

Note: Numbing cream and sucrose are recommended but cannot be provided or administered by PathWest staff. Please come prepared.

Positive Communication

My home language is: _____ ☐ I need an interpreter: _____

I communicate best with: ☐ words ☐ key word sign or gesture ☐ pictures ☐ device



Comfort Positioning (*Comfort Matters*)

Children: ☐ Sits by self ☐ On caregiver lap ☐ Koala cuddle ☐ Help us choose ☐ _____

Infants: ☐ Swaddled ☐ Cradled using breastfeeding pillow (PCH & heel prick only)
☐ Skin to Skin (infants)

Play and Engagement (*Engage their senses, ease their distress*)

- ☐ I like to be told what is happening ☐ I prefer to focus on something else
- ☐ I like to help where possible, give me a job
- ☐ I like to be shown the procedure / items first
- ☐ I like the medical equipment to be out of view as much as possible
- ☐ I like to be engaged in an activity – help me get settled in doing this before starting
- ☐ I'd like to try visualisation – caregiver will talk me through a memory or imagination
- ☐ I'd like to try a weighted lap pad (*PCH only*)
- ☐ I'd like to look in the sensory toolbox (*PCH only*)

I like to **listen**: ☐ Music ☐ Steps of procedure ☐ Prefer quiet ☐ Singing / humming
☐ Conversation: Talk to me about _____

I like to **look**: ☐ Device ☐ Caregiver ☐ Toy ☐ Procedure

I like to **touch**: ☐ My caregiver ☐ Fidgets / toys ☐ Massage / stroking / patting

I like to **start**: ☐ Just go when ready ☐ Countdown: e.g. 3, 2, 1, starting now

I like to **move**: ☐ I can keep my arm still by myself ☐ I move my toes, feet, legs

I like to **breathe**: ☐ Naturally, don't focus on it, just model ☐ Prompt me to breathe deep/blow out

I like to **taste/suck**: ☐ Lollypop (caregiver to provide) ☐ Dummy
☐ Infants: breastfeed ☐ Infants: finger

I like it to be: ☐ Calm and quick ☐ Give me time to pause and regulate as needed

Is there anything else that will help PathWest help you? _____

Visit pch.health.wa.gov.au/KKIND for more resources

