

Med Rec. No:
Surname:
Forename:
Gender: D.O.B.

KKIND COMFORT CARD

AFFIX LABEL HERE

I like to be called: _____

My interests are: _____

What bothers me most at hospital: _____

Things that help when I'm stressed or worried: _____

I communicate best by: _____

Please be aware that some options may not be available depending on your description of care

Before the procedure / cares: Communication and preparation

Please tick or comment where helpful

- I like to be told what's going to happen I like to ask questions about the procedure
 I like to be shown the procedure
 I like the medical equipment to be prepared outside the room
I like to choose a comfort position: Lying down Sitting up On my side Swaddled
 Facing in Facing out Comfort hold e.g.: _____
 I like to be engaged in activity e.g.: _____
 I like to use numbing cream I like to use sucrose
I like to use medication: to relax and calm me to keep me comfortable

During the procedure / cares: What helps me (my sensory preferences)

Please tick or comment where helpful

- I like to have my caregiver close by: Holding me Holding my hand At my bedside
 I like to have a favourite toy / comforter It is: _____
I like to listen to: What's happening Music TV / Device One voice Quiet where possible
I like to look: What's happening A book / toy TV / Device My caregiver
I like to use signals to indicate: Start Pause Stop I like to count
I like to use relaxation strategies: Breathing exercises Bubbles Mindfulness Pinwheel
I like to use The 'Vibration (Buzzy) Bee': Fidgets Squeeze ball Comforting touch e.g.: _____
 I like to help when possible e.g.: _____

After procedures / cares: Helping me recover

Please tick or comment where helpful

- I like to have quiet time / sleep Cuddles with my caregiver I like to read a book
 Watch TV Listen to music Play Other: _____
 I like to eat / drink
 I like to draw or write down what I did well
 I like to plan for next time



PQ020560

DO NOT WRITE IN BINDING MARGIN

MR101.05 KKIND COMFORT CARD

HCHPCFMR10105

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Child and Adolescent Health Service
Perth Children's Hospital

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Additional comments:

This KKIND Comfort Card helps us get to know you and understand what is comforting as well as stressful in the hospital. Understanding this helps us to support you and your family.

Please complete this card (with your caregiver if required) so we can help your cares and procedures to be as calm and comfortable as possible.

Name / Signature: _____ Date: _____

Current Email Address: _____ Best Phone Contact Number: _____

This document can be made available in alternative formats on request for a person with a disability.

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Government of **Western Australia**
Child and Adolescent Health Service

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