

# Procedural Support Check list

Procedure Type	<input type="checkbox"/> Intramuscular injection <input type="checkbox"/> Subcutaneous injection <input type="checkbox"/> Venipuncture <input type="checkbox"/> IV cannula insertion <input type="checkbox"/> Finger prick <input type="checkbox"/> Heel prick <input type="checkbox"/> Port access <input type="checkbox"/> Dressing change <input type="checkbox"/> NG Tube insertion <input type="checkbox"/> NG dressing change <input type="checkbox"/> GA Induction <input type="checkbox"/> Diagnostic Imaging _____ <input type="checkbox"/> Other _____
Developmental Considerations	<input type="checkbox"/> Developmental delay _____ <input type="checkbox"/> Special needs _____ <input type="checkbox"/> Sensory needs _____ <b>If yes to any developmental considerations, consider consultation with Educational Play Therapy or Comfort Kids CNC</b>
Communication	<p>Who is to communicate the procedure:</p> <input type="checkbox"/> Have my parent tell me I need a procedure <input type="checkbox"/> I don't mind who tells me I need a procedure <p>How the procedure should be explained</p> <input type="checkbox"/> Show me the procedure on a teddy/doll <input type="checkbox"/> Use pictures to show me the procedure <input type="checkbox"/> Visual schedule <input type="checkbox"/> Other _____ <p>What procedural information is required:</p> <input type="checkbox"/> Tell me close to the procedure time <input type="checkbox"/> Tell me in advance <input type="checkbox"/> Provide me with minimal procedural detail <input type="checkbox"/> Provide me with detailed information about the procedure <input type="checkbox"/> Outline the steps of the procedure as it's happening <input type="checkbox"/> During the procedure ensure there is minimal procedural talk <input type="checkbox"/> Do not explain the procedure to me at all
Environment & Preparation	<input type="checkbox"/> Set up the equipment before I enter the room <input type="checkbox"/> Use treatment room <input type="checkbox"/> One person talking at a time <input type="checkbox"/> Dim lights if possible <input type="checkbox"/> Caregiver present <input type="checkbox"/> Caregiver not required <input type="checkbox"/> Mask preparation required (specify) <input type="checkbox"/> Other (specify)
Pain Management Support	<p>Topical anaesthesia</p> <input type="checkbox"/> ANGEL cream <input type="checkbox"/> EMLA cream

	<p>Cold and vibration</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cool Sense</li> <li><input type="checkbox"/> Buzzy Bee</li> <li><input type="checkbox"/> Ice</li> </ul> <p>Non-nutritive sucking</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dummy/pacifier</li> </ul> <p>Sweet solutions</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Breast feeding</li> <li><input type="checkbox"/> Sucrose</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Sedation required* <ul style="list-style-type: none"> <li><input type="checkbox"/> Midazolam</li> <li><input type="checkbox"/> Chloral Hydrate</li> <li><input type="checkbox"/> Nitrous Oxide</li> </ul> </li> <li><input type="checkbox"/> Analgesia required</li> </ul>
Positioning	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sit on caregiver's lap</li> <li><input type="checkbox"/> Sit up on bed</li> <li><input type="checkbox"/> Lying down on bed</li> <li><input type="checkbox"/> Sit up in a chair</li> <li><input type="checkbox"/> Hugging</li> <li><input type="checkbox"/> Sit alone</li> <li><input type="checkbox"/> Swaddle</li> <li><input type="checkbox"/> Other _____</li> </ul>
Preference for watching the procedure	<ul style="list-style-type: none"> <li><input type="checkbox"/> I prefer to watch the procedure</li> <li><input type="checkbox"/> I may choose to watch the procedure at times</li> <li><input type="checkbox"/> Block my view of the procedure with a book or iPad</li> </ul>
Preferences for coping and distraction during the procedure	<ul style="list-style-type: none"> <li><input type="checkbox"/> iPad</li> <li><input type="checkbox"/> Singing</li> <li><input type="checkbox"/> Music</li> <li><input type="checkbox"/> Bubbles</li> <li><input type="checkbox"/> TV</li> <li><input type="checkbox"/> Toys</li> <li><input type="checkbox"/> Deep breathing</li> <li><input type="checkbox"/> Swaddling</li> <li><input type="checkbox"/> Counting</li> <li><input type="checkbox"/> I like to talk about _____</li> <li><input type="checkbox"/> Other _____</li> </ul>
Things to avoid	<p>During a procedure I don't like it when</p> <ul style="list-style-type: none"> <li><input type="checkbox"/></li> </ul>
Rewards	<p>When the procedure is over, I like to</p> <ul style="list-style-type: none"> <li><input type="checkbox"/></li> </ul>
Other relevant information	<p>It is important you also know</p> <ul style="list-style-type: none"> <li><input type="checkbox"/></li> </ul>