

## Comfort Log

*Refer to Comfort Management or Specific Symptom section  
Of child care plan*

	Assessment Tool *	Context/ Environment/ Triggers	Interventions (see legend)	Effective	Outcome Tool	Additional Notes
<b>Date</b>  <b>Time</b>  <b>Initials</b>	<input type="checkbox"/> Observed <input type="checkbox"/> Reported  Tool: Score:		Physical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Time:</b>  <input type="checkbox"/> Observed <input type="checkbox"/> Reported  Score:	<input type="checkbox"/> See IN notes
			Psychological:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Pharmacological: <input type="checkbox"/> MAR <input type="checkbox"/> CMIR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date</b>  <b>Time</b>  <b>Initials</b>	<input type="checkbox"/> Observed <input type="checkbox"/> Reported  Tool: Score:		Physical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Time:</b>  <input type="checkbox"/> Observed <input type="checkbox"/> Reported  Score:	<input type="checkbox"/> See IN notes
			Psychological:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Pharmacological: <input type="checkbox"/> MAR <input type="checkbox"/> CMIR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date</b>  <b>Time</b>  <b>Initials</b>	<input type="checkbox"/> Observed <input type="checkbox"/> Reported  Tool: Score:		Physical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Time:</b>  <input type="checkbox"/> Observed <input type="checkbox"/> Reported  Score:	<input type="checkbox"/> See IN notes
			Psychological:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			Pharmacological: <input type="checkbox"/> MAR <input type="checkbox"/> CMIR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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			Psychological:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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			Psychological:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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\* If needed, see CPCH Pain Assessment Policy for the Pain Assessment Scale Decision Algorithm

Observed – *ex*) FLACC-r    Reported – *ex*) Visual/Numbers/Analog

CMIR – Continuous Medication Infusion Record

LEGEND for INTERVENTIONS: \*numbers to match:  Comfort Management Care Plan  Specific Symptom Management Care Plan

Physical		Psychological	
1 –	4 –	1 –	4 –
2 –	5 –	2 –	5 –
3 –	6 –	3 –	

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	Assessment Tool *	Context/ Environment/ Triggers	Interventions (see legend)	Effective	Outcome Tool	Additional Notes (IN as needed)
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			Psychological:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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<b>Date</b>  <b>Time</b>  <b>Initials</b>	<input type="checkbox"/> Observed <input type="checkbox"/> Reported  Tool: Score:		Physical:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Reported  Score:	<input type="checkbox"/> See IN notes
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			Psychological:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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3 –	6 –	3 –	