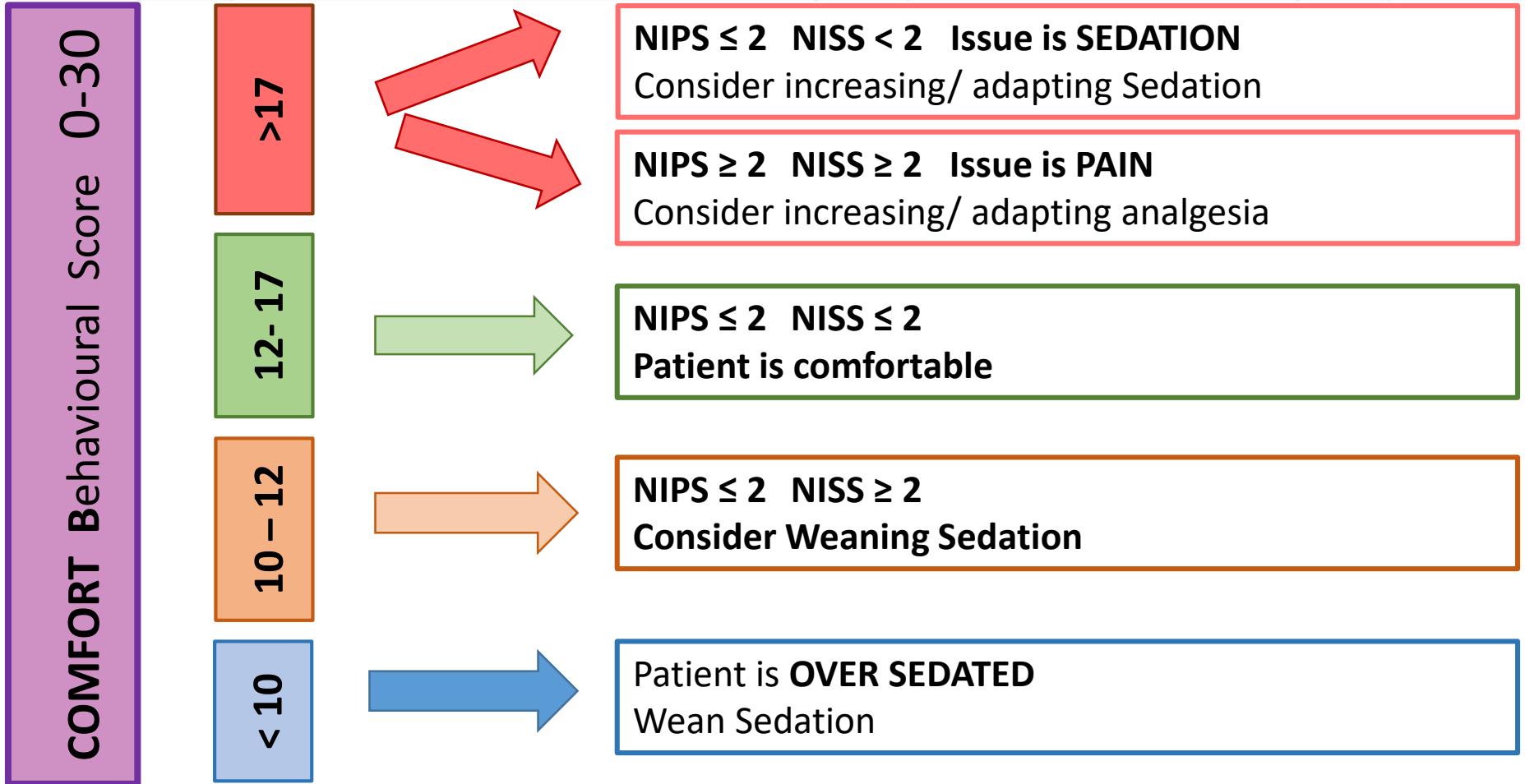




# COMFORT Behavioural Score Titration Guide



**NIPS Pain Score 0-7** NIPS score can be replaced with appropriate alternative validated pain score e.g. FLACCS, FACES, CRIES, NRS, Patient Reported Score.

<b>Facial Expression</b>	0- Relaxed ( restful, neutral expression)	<b>Arms</b>	0- Relaxed ( no random movements or rigidity)
	1- Grimace, furrowed brow, chin, jaw		1- Flexed/extended (tense straight arms, rigid &/or rapid extension)
<b>Cry</b>	0- No cry, quiet not crying	<b>Legs</b>	0- Relaxed ( no random movements or rigidity)
	1- Whimper (mild moaning or intermittent)		1- Flexed/extended (tense straight arms, rigid &/or rapid extension)
	2- Vigorous cry (loud scream, shrill continuous)	<b>State of Arousal</b>	0- Sleeping/awake (quiet, peaceful, settled)
	2- Silent cry ( based on facial movements if intubated)		1- Fussy ( alert, restless & thrashing)
<b>Breathing Pattern</b>	0- Relaxed (usual pattern for infant)	<b>TOTAL SCORE:</b>	<i>Out of a maximum score of 7</i>
	1- Change in breathing (irregular, increased, gagging, breath holding)		

1	2	3	4	5	6	7
NO PAIN		MODERATE PAIN		SEVERE PAIN		
MILD PAIN						

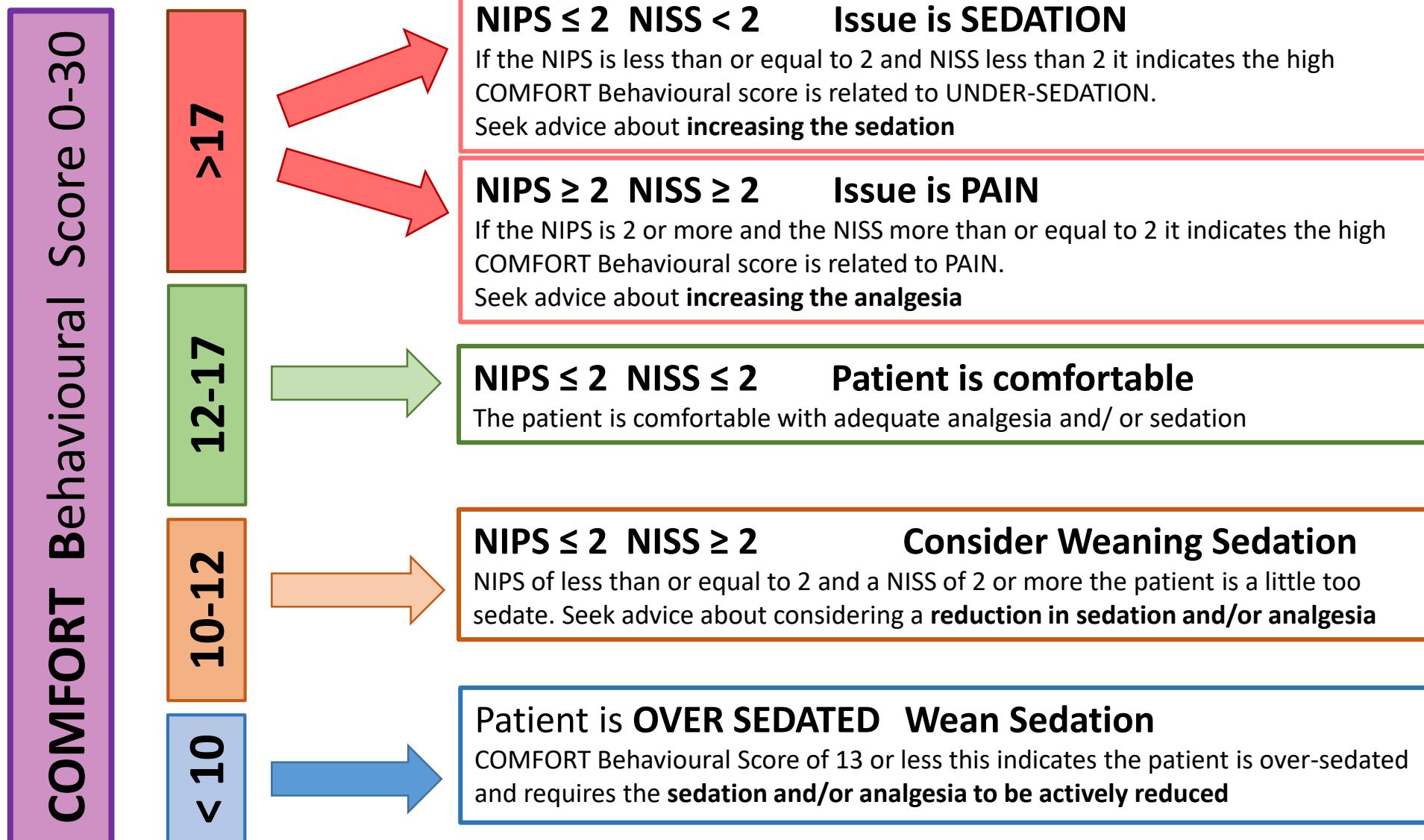
## Nurse Interpreted Score for Sedation

1	2	3
<b>UNDER SEDATED</b>	<b>ADEQUATELY SEDATED</b>	<b>OVER SEDATED</b>
Agitated, Irritable actively fights vent	Lightly asleep, awake & relaxed	No response to ET suction or other procedure

Nurse interpreted level of sedation takes into account the bedside nurse expertise and normal behaviour or mannerisms as reported by parents/ guardians. Allows for interpretation to include emotional and neurodevelopmental factors.



First assess the COMFORT Behavioural Score then assess the pain score



## NIPS Pain Score

(0 – 7)

NIPS score can be replaced with appropriate alternative validated pain score e.g. FLACCs, FACES, CRIES, NRS, Patient Reported Score

<b>0-1</b>	<b>NO PAIN</b>	- Continue nursing comfort measures
<b>2</b>	<b>MILD PAIN</b>	- Continue nursing comfort measures
<b>3-4</b>	<b>MODERATE PAIN</b>	- Continue nursing comfort measures & paracetamol
<b>&gt;4</b>	<b>SEVERE PAIN</b>	- Continue nursing comfort measures, paracetamol, opioid, adjust dose of analgesia

By utilising a pain score in combination with a COMFORT Behavioural Score the interpreter can more accurately determine if the high COMFORT score is in relation to pain or in relation to under-sedation.

## Nurse Interpreted Score for Sedation

(0 – 3)

(NISS)



The NISS is designed and validated for use as an adjunct to the COMFORT B Scoring, NOT suitable for use on it's own.



Takes into account the bedside nurse expertise in combination with the normal behavioural mannerisms as reported by family members.



The NISS allows the bedside nurse to interpret and classify the patients' level of sedation while accounting for emotional and neurodevelopmental factors to identify if the patient's sedation should continue unchanged, be reduced or be increased

**SCENARIO 1: COMFORT B score 20** - Should indicate under-sedation requiring an **INCREASE** in sedation

Patient known to have movement disorder & nurse aware he waves his arms repeatedly when happy, significantly increasing COMFORT B score.  
Patient allocated NISS 2 - no increase in sedation necessary as patient is comfortable

**SCENARIO 2: COMFORT B score 9** - Should indicate over-sedation requiring an **DECREASE** in sedation and/ or analgesia

Nurse aware parents have reported their child becomes very still and quiet when in pain or distressed.  
Patient allocated NISS 1 - sedation and/or analgesia adapted to provide comfort

