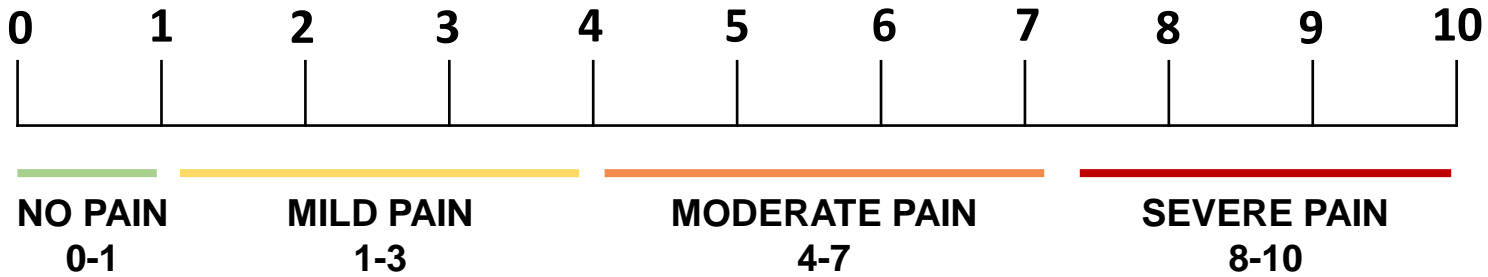


Nurse Reported Scale

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



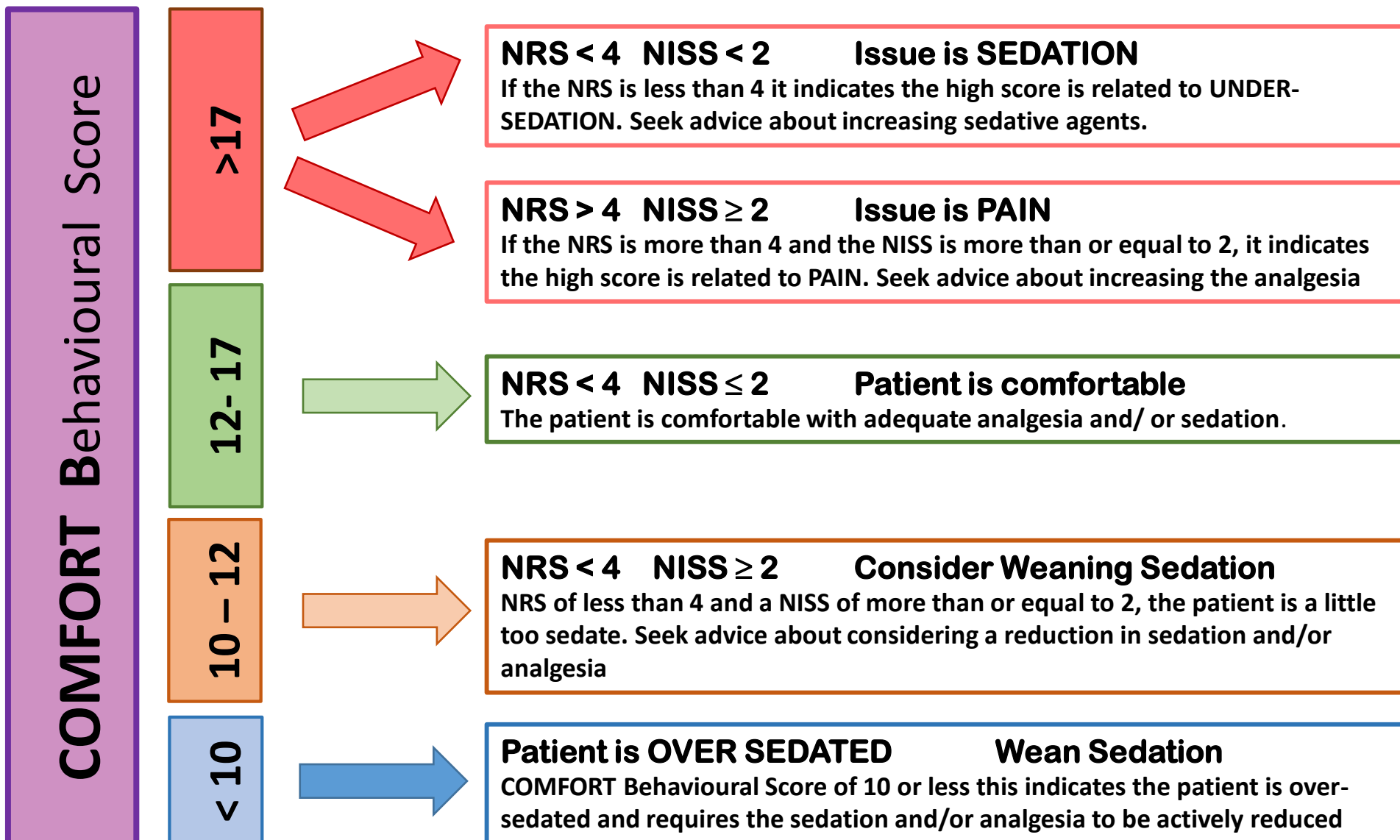
Nurse Interpreted Score for Sedation

1	2	3
UNDER SEDATED	ADEQUATELY SEDATED	OVER SEDATED
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 B Score then assess the NRS and the NISS.



Nurse Reported Scale (0 – 10) (NRS Pain Score)

- By utilising a pain score in combination with a COMFORT Behavioural Score the interpreter can more accurately determine if the high score is in relation to pain or under-sedation
- A high COMFORT B Score can indicate pain, or can indicate distress as a result of behavioural factors- anxiety, separation from parents, confusion or grief. A knowledge of the child's baseline behaviours will assist in differentiating potential causes of high COMFORT B Scores.
- NRS score can be replaced with appropriate alternative validated pain score e.g. FLACCS, FACES, CRIES, Patient Reported Score.

If the NRS is reported as 4 or more this is indicative of a sufficient level of pain that a pharmacological or non-pharmacological intervention should be initiated

Non-pharmacological methods of pain relief and comfort must always be considered in combination with pharmacological methods

Nurse Interpreted Score for Sedation (0 – 3) (NISS)

- The most up to date version of the COMFORT B Score advocates the use of a 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