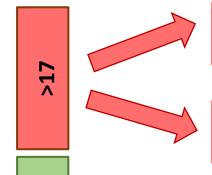
COMFORT Behavioural Score

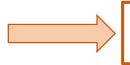


CRIES < 4 NISS < 2 **Issue is SEDATION**Consider increasing/ adapting Sedation

CRIES > 4 NISS ≥ 2 **Issue is PAIN**Consider increasing/ adapting analgesia

CRIES < 4 NISS ≤ 2

Patient is comfortable



CRIES < 4 NISS ≥ 2

Consider Weaning Sedation



Patient is **OVER SEDATED**Wean Sedation

CRIES Pain Score (0-10)

Pain score, can be replaced with appropriate alternative validated pain score e.g. FACES, FLACCS, Patient Reported Score. CRIES of 4 or more is sufficient pain level to require intervention.

RESPONSE	SCORE 0	SCORE 1	SCORE 2
Cry	No cry or cry which is not high pitched	High pitched cry but consolable	High pitched cry and inconsolable
Requires 0 ₂ to maintain SaO ₂ >95%	No	Requiring O ₂ <30%	Requiring O ₂ >30%
Increased vital signs	Heart rate & blood pressure +/- 10% baseline	10-20% increase in heart rate or blood pressure	>20% increase in heart rate or blood pressure
Expression	Neutral	Grimace	Grimace / grunt
Sleeplessness	No	Wakes frequently	Constantly awake

suction or other procedure

(Krechel & Bildner, 1995)

Nurse Interpreted Score for Sedation

1 2 3

UNDER SEDATED ADEQUATELY SEDATED

Agitated, Irritable Lightly asleep, awake No response to ET

& relaxed

actively fights vent

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.



COMFORT Behavioural Score Titration Guide







First assess the COMFORT B Score then assess the pain score and the NISS.

COMFORT Behavioural Score 10 10-12 12-17 >17

CRIES < 4 NISS < 2 Issue is SEDATION

If the CRIES is less than 4 and the NISS is less than 2 it indicates the high score is related to UNDER-SEDATION. Seek advice about increasing the sedation

CRIES > 4 NISS ≥ 2 Issue is PAIN

If the CRIES is greater than 4 it indicates the high score is related to PAIN. Seek advice about increasing analgesia

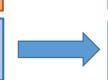
CRIES < 4 NISS ≤ 2 Patient is comfortable

The patient is comfortable with adequate analgesia and/ or sedation.



CRIES < 4 NISS ≥ 2 Consider Weaning Sedation

CRIES of less than 4 and a NISS of more than or equal to 2, the patient is a little too sedate. Seek advice about considering a reduction in sedation and/or analgesia



Patient is OVER SEDATED Wean Sedation

COMFORT Behavioural Score of 10 or less this indicates the patient is oversedated and requires the sedation and/or analgesia to be actively reduced

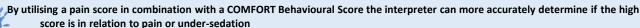
CRIES Pain Score

(0 - 10)

CRY CHARACTERISTIC- Pain related cry is high pitched

REQUIRES OXYGEN- Consider other causes pneumothorax, over-sedation

BLOOD PRESSURE- Assess BP last to prevent upsetting the infant causing difficulty with other areas of assessment EXPRESSION- Grimace characterised by brow bulge, eyes shut, deepened naso-labial furrow, mouth open SLEEPLESSNESS- Based on infants state in the hour preceding assessment





A high COMFORT 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 distinguishing causes of high COMFORT B Scores.



If the CRIES score 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)

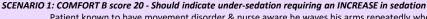
(NISS)



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

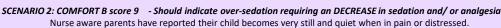
Takes into account the bedside nurse expertise in combination with the normal behavioural mannerisms as reported by family members.

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



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



Patient allocated NISS 1 - sedation and/or analgesia adapted to provide comfort