

Name &
Pronouns

Language
Preference

When you enter my room please:

(minimize providers, minimize sounds,
introduce yourself, let me know the plan, etc.)

During rounds:

(in room, outside with family,
outside without family etc.)

My learning style(s):

- No information
- Limited information
- Tell me everything
- other: _____

**People or teams (caregiver, child life, VAST
etc.) I want present for procedures (blood
draw, dressing change etc.):**

My coping preferences during procedures

- | | |
|--|--|
| <input type="checkbox"/> Guided imagery | <input type="checkbox"/> My own comfort item |
| <input type="checkbox"/> Breathing exercises | <input type="checkbox"/> Count down |
| <input type="checkbox"/> Buzzy | <input type="checkbox"/> Step by step explanations |
| <input type="checkbox"/> Numbing options | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> No information | <input type="checkbox"/> other: _____ |

Distraction during procedures

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> iPad | <input type="checkbox"/> Conversation |
| <input type="checkbox"/> YouTube Video/ TV | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Stress ball | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Music | <input type="checkbox"/> other: _____ |

I also want you to know