My CALM plan

This is so you can feel ready to go, know what to expect, and feel confident and comfortable!

Name:

Date:

Procedure:



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COMFORT To help me feel calm and comfortable, I would like to Sit on my parent / carer's lap Hold my parent / carer's hand Rest on the bed or chair Use my comfort position Other (specify):	
ANALGESIA Use numbing cream Use a cold pack Other (specify):	
LANGUAGE I would like to have someone explain each step to me I don't want to be told what is happening I would like these people to talk – I would like these people to stay quiet during the procedure -	
MINDFULNESS It is most helpful if during the procedure I can use these Take slow, deep belly breaths Use my powerful mind to imagine I am Play with my toys Watch my device Listen to my music Hear a story Something else:	e skills I have learnt

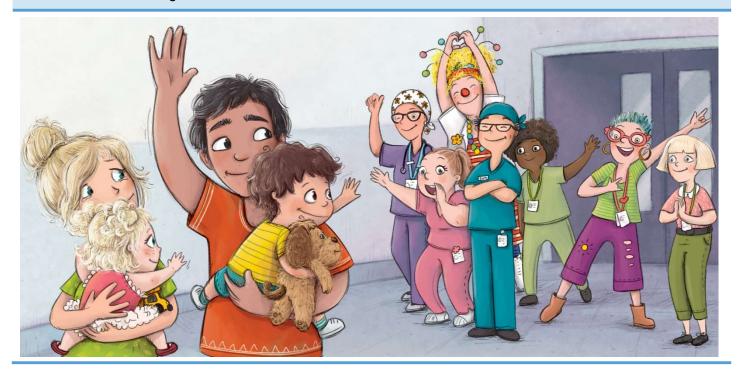




MEMORY

The people that care for me will help me to remember all the great things I did today.

Afterwards I am looking forward to



Did your plan work? If you would like to try something different next time, simply ask us for a new plan.



