



# COMFORT 0 Scoring

## The basics . . .



**What is scored?** The COMFORT Original Score is a scoring system consisting of **6 behavioural** indicators and **2 physiological** measures scored following a **2 minute observation** period. The COMFORT Original Score was primarily developed and validated for assessing distress in pre-verbal (0-3years) intubated post-operative PICU patients

. . . . . **Why?** It is validated for use in assessing pain and discomfort in intubated PICU patients. COMFORT Original **can assess the effectiveness of sedation** administered. Maximise individual patient comfort while minimising the potential for adverse events associated with sedation in the PICU.

**Who is it used for?** The COMFORT Original Score has been validated for use in intubated & mechanically ventilated children

. . . . . **Who is it not suitable for?** Children who are on **neuromuscular blocking agents** cannot be assessed using the COMFORT Original Score as they are unable to display any of the behavioural cues used to assess COMFORT. The COMFORT Original Score is not suitable for assessing **self-ventilating** children.

**Do not** . . . assess a COMFORT Score within **20minutes** of an intervention -suction, reposition, patient handling, procedures etc.

**Do** . . . . . Position yourself where you can **easily observe** the patient's body movements and facial expressions **without distracting** the patient. On completion of the 2-minute observation period feel & assess the patient's arm or leg muscle tone.



# COMFORT Original Score



<b>Alertness</b>	<ul style="list-style-type: none"> <li>1 - Deeply asleep (eyes closed, no response to changes in environment)</li> <li>2- Lightly asleep (eyes mostly closed, occasional responses)</li> <li>3 - Drowsy</li> <li>4 - Awake &amp; alert</li> <li>5 - Awake &amp; hyper-alert</li> </ul>	<p>How responsive is the patient to the ambient light, sound and activity around them? Monitors, phones, talking</p>
<b>Calm/ Agitation</b>	<ul style="list-style-type: none"> <li>1 – Calm</li> <li>2 - Slightly anxious</li> <li>3 - Anxious</li> <li>4 - Very anxious</li> <li>5 - Panicky</li> </ul>	<p>How would you rate the patient's level of anxiety?</p>
<b>Respiratory response</b>	<ul style="list-style-type: none"> <li>1 - No spontaneous respiration, no cough</li> <li>2 - Spontaneous breathing no resistance to ventilator</li> <li>3 – occasional cough or resistance to ventilator</li> <li>4 - Actively breathes against ventilator or coughs</li> <li>5 - Fights ventilator coughing or choking</li> </ul>	<p>How comfortable and compliant is the patient with ventilation via ET tube?</p>
<b>Physical Movement</b>	<ul style="list-style-type: none"> <li>1 - No movement</li> <li>2- Occasional (three or fewer) slight movements</li> <li>3 - Frequent, (&gt; 3) slight movements</li> <li>4 - Vigorous movements limited to extremities</li> <li>5 - Vigorous movements include torso &amp; head</li> </ul>	<p>What is the intensity &amp; frequency of the patient's movements?</p>
<b>BP MAP</b>	<ul style="list-style-type: none"> <li>1-BP below baseline</li> <li>2- BP consistently at baseline</li> <li>3- Infrequent elevation of &gt;15% (1-3 times)</li> <li>4- Infrequent elevation of &gt;15% (more than 3 times)</li> <li>5- Sustained elevation of &gt;15%</li> </ul>	<p>Note the patient's expected normal physiological MAP value. Calculate 15% increase &amp; decrease to interpret changes blood pressure.</p>
<b>Heart Rate</b>	<ul style="list-style-type: none"> <li>1-HR below baseline</li> <li>2- HR consistently at baseline</li> <li>3- Infrequent elevation of &gt;15% (1-3 times)</li> <li>4- Infrequent elevation of &gt;15% (more than 3 times)</li> <li>5- Sustained elevation of &gt;15%</li> </ul>	<p>Note the patient's expected normal physiological heart rate. Calculate 15% increase &amp; decrease to interpret changes in heart rate.</p>
<b>Muscle Tone</b>	<ul style="list-style-type: none"> <li>1 - Muscles totally relaxed; no muscle tone</li> <li>2 - Reduced muscle tone; less than normal</li> <li>3 - Normal muscle tone</li> <li>4- Increased muscle tone, increased flexion of fingers &amp; toes</li> <li>5- Extreme muscle rigidity &amp; flexion of fingers &amp; toes</li> </ul> <p><i>In cases of complex needs/CP/underlying neuromuscular condition assess with a parent for the 1<sup>st</sup> assessment.</i></p>	<p>How does the patient's muscle tone compare to a normal awake &amp; alert child of the same age/stage of development? Flex /extend limb.</p>
<b>Facial Muscles</b>	<ul style="list-style-type: none"> <li>1 – Facial muscles totally relaxed</li> <li>2 – Normal facial tone</li> <li>3 – Tension evident in some muscles (not sustained)</li> <li>4- Tension evident throughout muscles (sustained)</li> <li>5- Facial muscles contorted and grimacing</li> </ul>	<p>How does the patient's facial movement/ tension compare to that of an awake &amp; alert child of the same age/stage of development?</p>