

# My CALM plan

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

Name:

Date:

Procedure:



## 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 skills I have learnt ...

- ☐ 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:



## **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.