



# COMFORT B Scoring

## The basics . . .



**What is scored?** The COMFORT Behavioural Score is a non-intrusive scoring system consisting of **6 behavioural** indicators scored following a **2 minute observation** period. The modified COMFORT Behavioural Score was developed by removing the physiological aspects of the original tool and adapting the respiratory category to allow assessment of both intubated and self-ventilating children.

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

**Who is it used for? . . .** The COMFORT B Score is suitable for assessing pain & discomfort in mechanically ventilated & self-ventilating children 0-18 years of age

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

**Do not . . .** assess a COMFORT Score within **20mins** 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 the patient's arm or leg muscle tone.



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<b>Calm/ Agitation</b>	<ol 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> </ol>	<p>How would you rate the patient's level of anxiety?</p>
<b>Respiratory response (Intubated &amp; ventilated)</b>	<ol 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> </ol>	<p>How comfortable and compliant is the patient with ventilation via ET tube?</p>
<b>Respiratory response (crying &amp; self ventilated)</b>	<ol style="list-style-type: none"> <li>1 – Quiet breathing, no crying sound</li> <li>2 – Occasional sobbing or moaning</li> <li>3 – Whining or monotonous sound</li> <li>4 – Crying</li> <li>5 – Screaming or shrieking</li> </ol>	<p>How would you score the intensity of verbal response? <i>Significance should be given to the characteristics of the cry <u>not</u> to the presence of tears</i></p>
<b>Physical Movement</b>	<ol 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> </ol>	<p>What is the intensity &amp; frequency of the patient's movements?</p>
<b>Muscle Tone</b>	<ol 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> </ol> <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. <i>(Assess this section last)</i></p>
<b>Facial Muscles</b>	<ol 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> </ol>	<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>



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