

Date/time 1 Date/time 2
 Date/time 3 Date/time 4

Sticker with
patient's name

		Place a mark				
		1 ↓	2 ↓	3 ↓	4 ↓	
Alertness	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quiet sleep (eyes closed, no facial movement)
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	active sleep (eyes closed, facial movement)
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quietly awake (eyes open, no facial movement)
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	actively awake (eyes open, facial movement)
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awake and hyperalert
Calmness/ Agitation	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	calm (appears lucid and serene)
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	slightly anxious (shows slight anxiety)
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	anxious (appears agitated but remains in control)
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very anxious (appears very agitated, just able to control)
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	panicky (severe distress with loss of control)
Respiratory response <small>(only in mechanically ventilated children)</small>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no spontaneous respiration
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spontaneous respiration on ventilator
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unrest or resistance to ventilator
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	actively breathes against ventilator or coughs regularly
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fighting ventilator
Crying <small>(only in spontaneously breathing children)</small>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no crying
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	faint crying
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft crying or moaning
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hard crying
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	intense crying or screaming
Body movement	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	no or minimal movement
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	up to three slight arm and / or leg movements
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	more than three slight arm and / or leg movements
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	up to three vigorous arm and / or leg movements
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	more than three vigorous arm and / or leg movements, or whole body
Facial tension	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	facial muscles fully relaxed, relaxed open mouth
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal facial tension
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	intermittent eye squeeze and brow furrow
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	continuous eye squeeze and brow furrow
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	facial muscles contorted and grimacing (eye squeeze, brow furrow, open mouth, nasal-labial lines)
(Body) muscle tone <small>(observation only)</small>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	muscles fully relaxed (open hands, dribbling, open mouth)
	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reduced muscle tone; less resistance than normal
	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal muscle tone
	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	increased muscle tone (clenched hands and/or clenched, bent toes)
	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	extreme muscle tone (rigidity and flexion of fingers and/or toes)
Total score		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NRS pain*	....	....	....	....		estimate of pain (0 = no pain to 10 = worst possible pain)
NRS distress*	....	....	....	....		estimate of distress (0 = no distress to 10 = worst possible distress)

**Details sedatives/
analgesics** _____

Reason assessment _____

(Before or after medication or standard assessment) *Abbreviation: NRS = Numeric Rating Scale