

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

Sticker with  
patient's name

Place a mark

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