Appendix T: Example: Comfort Plan Mental Health And Addiction Program

COMFORT PLAN

- I developed this plan with my nurse ____________________ or other provider ____________________

ID TAG (Please do not label individuals personal copy)

I like to be called: ________________________________________________

**My Distress Signs & Signals:**
My warning signals, or things that others might see when I am upset or losing control are:
- Sweating
- Crying
- Breathing hard
- Yelling
- Hurting others
- Throwing objects
- Pacing
- Injuring self by
- Clenching teeth
- Not taking care of myself
- Running
- Clenching fist
- Swearing
- Not eating
- Over eating / binging
- Being rude
- Other ____________________

**Comfort & Calming Measures:**
These 5 activities that have helped me feel better when having a hard time.
- Listening to music
- Reading a book
- Wrapping myself in cozy blanket
- Writing in a journal
- Watching TV
- Talking with staff
- Talking with peers on the unit
- Calling a friend or family member
- Take a shower or bath
- Exercise
- Pacing in the halls
- Going for a walk
- Drinking a beverage
- Eating certain food(s)
- Working on a craft, artwork
- Medication
- Reading religious/spiritual material
- Writing a letter
- Hugging a stuffed animal
- Voluntary time in quiet/comfort room
- Other ____________________

**My Triggers or Irritants:**
Some things that make me angry, very upset or cause me to go into crisis?
- Being touched
- Security in uniform
- Yelling
- Loud noises
- Being restrained
- Being hungry
- Being tired
- Staff telling me to come back later
- Being called names, made fun of
- Being forced to do something
- Physical force
- Being isolated
- Being threatened
- Being anxious
- Being lonely
- Personal space violated
- Contact with person who upsets me
- Someone else lying about me
- Other ____________________

**Seclusion & Restraints:**
In extreme emergencies seclusion and/or restraint may be used as a last resort. In emergencies, I would find the following helpful in trying to prevent these from being used?
- Comfort or quiet room
- Exercise room
- Medications by mouth
- Emergency injection
- Other ____________________

I have experienced seclusion and/or restraint in the past. ___yes ___no

**Medications:**
If I need or want medications to help calm me, these would be my preference:
_____________________
_____________________
_____________________

**Physical Contact:**
I find it helpful to be touched appropriately when I am upset:
- yes
- no

Comments_______________________

I am aware that staff may prefer not to touch me.

**Gender Concerns:**
I am aware that gender of staff is out of my control, but in an emergency I would prefer to speak with
- male staff
- female staff

If at all possible

Reprinted with permission from St. Joseph’s Health Care Hamilton, Ontario

We Practice Trauma Informed Care