

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

## COMFORT PLAN

I developed this plan with my nurse \_\_\_\_\_ or other provider \_\_\_\_\_  
 (name of nurse) (name of person)

**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*

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