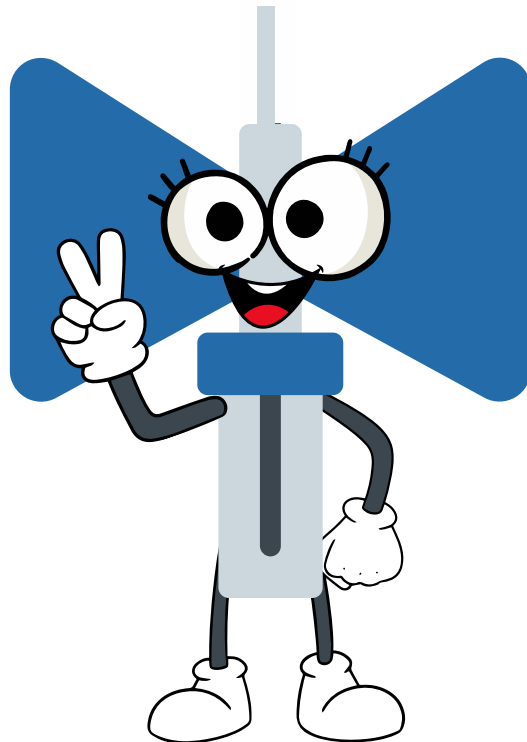


For Ages 9+

# MY PROCEDURE PLAN

MAKING NEEDLE  
PROCEDURES EASIER



You know yourself best, so choose the ways you can feel more comfortable and in control!

Sláinte Leanaí Éireann



Children's Health Ireland



Children's Health  
FOUNDATION

Crumlin • Temple Street • Tallaght • Connolly

SUPPORTING CHILDREN'S HEALTH IRELAND

Preferred Name/ Nickname: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

# MY PROCEDURE PLAN

This plan helps us know what works best for you and we will always try and follow it. Sometimes we may not be able to do everything exactly the way you planned (for example your trusted adult might need to help you keep your arm still/we might need to try a second time to get the blood test done) but if this happens we will explain and decide together because Needle Heroes are part of the team!

**Do you feel like you'll need help staying still during the test?**

Yes

No

**We use a cold spray so you don't feel the pinch as much. Do you want to use this spray?**

Yes, I want to try the spray.

No, I don't want the spray.

**Do you want to be told what is happening before/during the test?**

Yes, before

Yes, during

No, I'd rather pay attention to something else.

**Some people like to watch the test and some don't. Which would you prefer?**

Yes, I want to watch

No, I want to look somewhere else

**Do you have a comfort item or something to distract you during the test?**

Phone  Music

Book  Toy

Something else: \_\_\_\_\_

**What do you want your parent/guardian to do during the test?**

Talk and distract me

Hold my hand

Something else: \_\_\_\_\_

