



We want to do everything we can to make you more comfortable and help control any pain, discomfort, and/or anxiety. There are many ways to make you more comfortable without using medications. Your comfort is very important to us.

Check items below that you are interested in trying...

Relaxation

- Stress ball
- Massage/handheld back massager
- Hand massage
- Visit from chaplain
- Reading visit
- Talking visit
- Relaxing music
- Soft background sounds/sound machine
- Guided Imagery Therapy: helping you imagine positive and relaxing things
- Quiet/uninterrupted time
- Pet therapy
- Essential oils
- Darkness
- Neck or lumbar pillow
- Temperature adjustment

Comfort

- Warm pack
- Cold pack
- Ice
- Warm blanket(s)
- Warm washcloth
- Cool washcloth
- Extra pillow(s) - (neck, knees, ankles, lumbar)
- Humidification for your oxygen source
- Saline nose spray
- Fan
- Repositioning
- Warm bath or shower
- Walking
- Gentle stretching
- Food or beverage

Entertainment

- Book (audio, large print)
- Magazine
- Movie
- Wi-Fi for your personal laptop or tablet
- Deck of cards
- Puzzle book (crossword puzzles, word searches, Sudoku)
- Notepad and pen
- Coloring book
- Board games
- Arts & crafts
- Your favorite music
- Television
- Handheld electronic game
- Activity apron/blanket

Feel Better

- | | |
|--|--|
| <input type="checkbox"/> Lip balm | <input type="checkbox"/> Hair band |
| <input type="checkbox"/> Toothbrush/
toothpaste/dental
floss | <input type="checkbox"/> Mouth swab/mouth
wash |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> Comb or brush | <input type="checkbox"/> Lollipop/Lozanges |
| <input type="checkbox"/> Q-tip/cotton swab/
nail file | <input type="checkbox"/> Chocolates |
| <input type="checkbox"/> Shampoo/conditioner | <input type="checkbox"/> Sunshine |
| <input type="checkbox"/> Scalp massage | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Robe | <input type="checkbox"/> Pet visit |
| | <input type="checkbox"/> Pajama (from home
or from staff) |
| | <input type="checkbox"/> Pedicure/Manicure |

Sleep

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Ear plugs | <input type="checkbox"/> Eye shield/mask | <input type="checkbox"/> Weighted Blanket |
| <input type="checkbox"/> Night light | <input type="checkbox"/> Television/Music/
Sound Machine | <input type="checkbox"/> Uninterrupted
sleep time |
| <input type="checkbox"/> Quiet | | |

Other/Additional Info:

*Ask staff about safety procedures for items brought into the facility.