

This form can help blood draw staff learn how to support your child during a blood draw. Share this form with the blood draw staff when you arrive. For additional help, contact ABCconsultteam@childrensnational.org or call 202-476-2884.

My Blood Test Plan

Messa	ge for th	e blood draw person (mark all the boxes that apply):
	□ Waiting is very difficult for me; let my parent know how long the wait time may be.	
	I need a quiet place to wait, especially away from other people and noise.	
	Prepare supplies before I am in the room so I do not see and hear the noise from unwrapping.	
	Cover the blood draw supplies so that I do not see them.	
	I may	be curious and want to explore the room and tools you will use. If I cannot touch, please keep items
	out of	my reach and keep drawers and cabinets shut/locked.
For wa	iting tin	ne, I will bring:
Gettin	g ready f	or the blood draw, I want to (mark all that apply and fill in the blanks):
	☐ Know what is available to minimize feeling the poke (Ask about freeze spray, lidocaine cream, buzzy, etc)	
	Sit in the chair by myself.	
	Sit in's lap.	
	Look at a visual schedule so I can understand the steps.	
	Ask my blood draw person to count before the poke.	
	□ Watch and learn.	
		Hear all of the steps right before they happen.
		Just watch and not hear what is going to happen.
		Know if there is a job I can help with.
		Have hold my hand.
	Not watch. Instead, I will:	
		Look away.
		Pay attention to a handheld tablet/game.
		Imagine I am somewhere else doing something I like.
		Take slow, deep breaths. When I breathe out, I will "blow" away feelings I don't like.
		Have hold my hand.
When	it is ove	r:
	I want to hold the piece of gauze in place.	
	I would prefer a Band-Aid or a stretchy arm wrap. (circle one if there is a preference)	
	I would	d like a reward (parent can plan the reward)
My job	os:	
	Keeping still and staying safe and finish the blood draw faster!	
	Afterwards, my parent and I can make changes to my blood draw plan if needed for the next time.	