Patient Alarm Log

Baby's Name: _____

Homecare Dealer:

Alarm Settings: Low Heart Rate: _____ Apnea: _____
High Heart Rate: _____ Low SpO_2: _____

About the Event			What did You See?										Alarms				What Did You Do?			
Date	Time (AM or PM)	# Beeps Counted	Baby Asleep	Baby Awake	Breathing	Not breathing	Pink	Pale	Dusky	Blue	Limp Tone	Stiff Tone	Apnea Alarm	Low Heart	High Heart	Low SpO_2	Gentle Stim.	Vigorous Stim.	CPR	Comments

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