Children's Hospitals and Clinics of Minnesota

# Monitor Event Record

Name: _____

| Date | Time | Alarm | | Baby | | | Breathing | | | | | Response to alarm | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Apnea | Slow heart rate | Feeding | Awake | Sleep | **Y**es or **N**o | Couldn't tell | Normal/Pink | Not normal -Pale/Blue | Red/Purple - Choking | Gentle touch | Vigorous touch | Choking Procedure | **Baby's health:** meds, cold, fever, virus, immunizations, illness. |
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