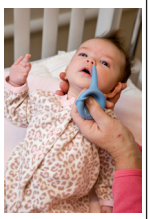
Children's Hospitals and Clinics of Minnesota

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.