APNEA MONITOR TRAINING REPORT

Infant's Name:_____ DOB:_____
Date of Hospital/Home Set-up:_____ Date of Discharge _____
CPR Taught by: _____

FAMILY INSTRUCTED ON:

_____ Theory of apnea/cardia monitoring.
_____ Use of home monitoring equipment & supplies (actual use of equipment on baby).
_____ Home preparation set-up.
_____ Importance of availability of phone and emergency numbers.
_____ Protocols for alarm response, trouble shooting and event log recording.
_____ Where family can be and what activities they can engage in and still hear alarm.
_____ Traveling with an infant on an infant monitor.
_____ Proper care and maintenance of equipment.
_____ Event Log explained.
_____ Other:
Explain_____
_____
_____
_____

FORMS COMPLETED AND DISTRIBUTED:

_____Monitor instructional literature.
_____Letters for special services sent to phone, utility & emergency medical services, if appropriate.
_____Caregiver Responsibility List (Form# _____ Furnished) and explained to parents.
_____Other: Explain
_____
_____
_____

INSTRUCTED BY: _____ Date _____
Staff Trainer

_____

_____ I understand that I am responsible to obtain adequate CPR instruction.
_____ I certify that I have been instructed and fully understand each point above.

Parent Signature:_____ Date: _____