NBN INFUSIONS
APNEA RECORD

PATIENT NAME: _____

DATE AND TIME AM Or PM	STATE		RESPIRATIONS			SKIN COLOR			STIMULATION				ALARMS					COMMENTS (BABY'S POSITION, AND WHEN LAST FED)	INITIALS
	AWAKE	ASLEEP	NORMAL	SHALLOW	NONE	PINK	PALE	DUSKY-BLUE	NONE	MILD	VIGOROUSLY	MOUTH-MOUTH	APNEA	CARDIAC SLOW	CARDIAC FAST	BOTH	# OF BEEPS		

Signature _____ **Title** _____ **Initials** _____
Signature _____ **Title** _____ **Initials** _____