

NBN INFUSIONS

Date: _____

Director

Emergency Medical Services

RE: Request for special consideration from the Emergency Rescue Team that may be needed to transport infant to nearest Emergency Room.

Dear Director:

This letter concerns the special needs of the infant of:

_____ Name of Parents	_____ Address
_____ Phone Number	_____

Who has been diagnosed as "at risk" for respiratory and/or cardiac problems during sleep. Because of the infant's susceptibility to apnea (abnormal pauses in breathing) and bradycardia, our Company is providing a home apnea monitor at the prescription of Dr. _____.

The monitor, by way of an audible alarm, notifies the parents if the child stops breathing or if the heart rate changes abnormally. In case of such an event, the parents have been taught to take corrective action. Although they have been taught CPR, if they have any difficulty in carrying out the procedure or in getting the child to respond, they will be calling for your assistance. If this occurs, immediate response will be crucial.

Thank you for your help and support.

Sincerely,

Directions to home:

