Sleep Study Observation Sheet

Name:		Date of Birth:		MRN:	
Baseline SpO₂ (%):	100	Baseline Pulse Rate (bpm):	159	Baseline Respiratory Rate (bpm):	
Time started:	2200	Time finished:	0625	Additional Respiratory / Gastro Support:	

Time	2200	2300	2330	2400	0200	0300	0400	0500	0545
Sleep/Awake status	Sleep	Sleep/Awake	Awake	Awake	Awake	Awake	Awake	Sleep	Sleep
Oxygen saturation (SpO₂ %)	98	99	98	93	97	100	100	100	100
Cares: Suctioning / Medication / Other	—	—	—	—	—	—	—	—	—
Feeds (Start / End)						0300 0320		0550 0620	0555 0620
Device check (On / Off)	On	On	On	On	On	On	On	On	On
Sensor check: Probe / Bands / Cannula	Probe	Probe	Probe	Probe	Probe	Probe	Probe	Probe	Probe
Respiratory rate (bpm)	159	163	163	173	173	157	164	159	167 194
Position (supine/left/right/prone)	prone	prone	prone	prone	prone	prone	prone	prone	prone
Snoring (soft/loud)									
NIV (CPAP, IPAP/EPAP) — cmH₂O, Leak (Y/N), No/SVIA	No	No	No	No	No	No	No	No	No
Supplemental O2 (litres/min)									
TCM5 CO₂ (kPa)									
Comments									