American SIDS Institute Infant Monitor Alarm Log

Infant's Name: _____ **Date of Birth:** _____

Date	Time with am or pm	*Baby*											*Monitor*			*Stimulation*				Comments (How long since feeding, did infant spit up, after event was over did infant seem different, was the infant in an unusual position, etc.)
		Sleep		*Resp.*		*Color*				*Tone*										
		Asleep	Awake	Breathing	Not Breathing	Normal Color	Pale	Blue	Red	Normal Muscle Tone	Rigid	Limp	Apnea	Low Heart	High Heart	None	Gentle	Vigorous	CPR	