



(Patient Identification)

Apnea/Bradycardia Flowsheet

DATE	TIME	Heart Rate	S _p O ₂ (lowered)	RESPIRATION			Duration* A/B Desat	COLOR		ACTIVITY			INTERVENTION					Initials of Observer	COMMENTS/ Clinical Impression	
				Apnea	Periodic Breathing	Unable to Determine		No change	Pale/ Dusky	Awake Asleep	After Feeds During Feeds	Emesis Stooling	Self Corrected	Gentle Stim*	Other Stim † Position Change	Suction	↑ FiO ₂ / Blow by			Manual Breaths

* **Gentle Stim:** Responds to voice or light; Rub or pat back † **Other Stim:** Repositioned; Turn over; Lift chin; Flick heels; Wiggle hips or shoulders; Prolonged or repeated gentle stim.
 • **Duration:** A/B = apnea/bradycardia; desat = desaturation maybe in seconds or # of alarm rings (~ 1 ring per second); ≤ 5 rings or > 5 rings

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