

Car Seat Challenge: Log Sheet

Patient Name _____ Patient ID Number _____

Date _____ Time _____ Individual Performing Test _____

Check List

- Federally approved infant car seat
- Medical order for the Car Seat Challenge
- Clinical indication _____

Clinical Data

	Initial	15 min	30 min	45 min	60 min	75 min	90 min
Heart rate							
Respiration rate							
SpO ₂							
Patient color							
Respiratory effort							
Level of activity							

Alarms (apneas, desaturation, others) _____

Physical Assessment (color, tone, etc.) _____

Positioning Changes _____

Notes/Analysis _____

Pass Fail Signature _____



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