SAMPLE

INFANT SLEEP OBSERVATION FORM

Instructions: Write the infant's name at the top of the page. Check sleeping infants *every 15 minutes* for signs of distress or overheating including: labored breathing, flushed skin color, increased body temperature, restlessness, or any other signs of distress. Write the date and time. Initial for no signs of distress.

Infant's Name (First, Last) ______________________________

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials
	____:____	________		____:____	________		____:____	________
	____:____	________		____:____	________		____:____	________
	____:____	________		____:____	________		____:____	________
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