Apnea Monitoring

GENERAL INFORMATION

Apnea is a pause in breathing. The pause in breathing can cause the heart to beat more slowly (bradycardia) or cause your baby to turn pale or bluish (cyanotic). There are many reasons why a baby has periods of apnea. In some babies it is unclear why there are pauses in breathing.

GUIDELINES

Use the following guidelines to help you remember how to take care of the Apnea Monitor and your baby and how to respond to the monitor’s alarms.

The Monitor

1. Keep the monitor on a hard surface at the baby’s bedside. Do not put the monitor on a mattress or padding, as this can muffle the sounds of the alarm.
2. Keep the Apnea Monitor alarm log and pencil with the monitor. Keep the telephone nearby, too, if possible.
3. Do not place the monitor on electric equipment.
4. Make sure the monitor has at least 8 inches of ventilation above and behind it.
5. Keep the monitor out of the reach of children.
6. Do not reset the monitor controls.
7. Use a grounded outlet or a grounding adapter. Do not plug the monitor into a circuit that carries other heavy-use equipment like a heater, hairdryer, etc.
8. Do not use an extension cord with the monitor.
9. Unplug the power cord from the wall when it is unplugged from the monitor.
10. Keep enough extra supplies on hand. A battery pack, two sets of lead wires, and four sets of disposable patches are recommended.
11. Keep the manufacturer’s manual near the monitor.

The Baby

1. If there is any adhesive on the skin, remove all the adhesive by soaking a cotton ball or swab in baby oil or vegetable oil and gently rubbing the skin.
2. Always remove the monitor leads from the baby before washing the baby.
3. Wash the baby with mild soap and warm water only. Do not use baby bath products, lotions, and oils. Rinse away all soap and dry the baby well.
4. Check the baby’s skin every day for redness or dry patches. Avoid placing electrodes on these areas.
5. Thread the leads out the lower ends of the baby’s clothes.
6. Remove the leads from the baby unless they are attached to the monitor.
7. Place the electrodes symmetrically on the sides of the baby’s chest.
8. Do not use an electrode belt on babies less than 9 pounds unless directed to do so by your doctor or nurse.
9. To feed the baby, put him or her in an infant seat that is inclined 35 to 45 degrees, or hold the baby in your arms, with his or her shoulders 30 degrees higher than the feet. Keep the baby in this position for 45 to 60 minutes after the baby finishes eating. Remove the belt and wires for 2 to 3 hours every day at a time when you can closely watch the baby.

10. Watch the baby carefully when he or she is not attached to the monitor. This is very important if you have a baby who falls asleep easily.

11. Be aware of the baby’s skin color and how it changes when the baby is feeding, sleeping, and passing a stool and when the room temperature changes.

The Alarm

Responding to Alarms

The monitor can alarm for several reasons: apnea, bradycardia, loose-lead, low battery, or accidental shut off.

1. Respond to all alarms. You should reach the baby before 10 beeps (seconds).
2. Look at the baby.
3. If the baby’s
   a. Color has changed (baby’s color is gray, pale, or blue), gently touch the baby.
b. Breathing has changed or stopped, wait until 10th beep without touching the baby.

c. Check the pulse after the 10th beep.

4. For real apnea or low heart rate
   a. Gently touch the baby.
   b. Gently rub the baby’s back.
   c. If your baby still does not respond, pick up your baby carefully, support the head, and turn the baby onto his back. Never shake your baby—you can cause injury.
   d. If the baby makes no response, start CPR. Ask a family member to call the Emergency Medical Services number.

5. For false alarms (the baby is breathing and pink)
   a. Check all connections and wires,
   b. Check the chest and the leads,
   c. If a battery is used, make sure the battery is charged,
   d. Reapply the belt securely,
   e. Change the wires,
   f. Check the manufacturer’s manual; the response to the alarm may vary from monitor to monitor.
6. It is important to be able to hear the alarm. Do not shower, vacuum, use a hairdryer, or do anything else that would drown out the noise of the alarm, unless more than one person is at home with the baby.

7. Keep a written record of
   a. All alarms, how often they sound, and how long they last,
   b. The status of the baby during the alarms,
   c. The baby’s symptoms before the alarms,
   d. How much stimulation the baby needed to be aroused after the alarms,
   e. All nonalarm periods of apnea and bradycardia, how often they occur, and how long they last.

8. Call the nurse or doctor if
   a. there is an increase in the number of “real” alarms,
   b. your baby’s lips or skin turns pale, gray and/or blue,
   c. your baby needs stimulation to make the alarms stop,
   d. short episodes of apnea or bradycardia that do not set off the alarms occur frequently or persistently.

9. If your monitor does not have battery power when traveling in a car
   a. you must be able to keep your eyes on the baby at all times,
   b. you should have another person in the car when driving.

**CRITERIA FOR CONCERN**
(to be filled in by the nurse)

When any of the following occur, call the nurse.

1. _____________________________
2. _____________________________
3. _____________________________

When any of the following occur, call the doctor.

1. _____________________________
2. _____________________________
3. _____________________________

When any of the following occur, call the emergency services.

1. _____________________________
2. _____________________________
3. _____________________________

**OTHER INSTRUCTIONS**
## APNEA MONITOR ALARM LOG

### SETTINGS:
- Slow Heart Rate
- Fast Heart Rate
- Apnea Delay

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<th>Event</th>
<th>Date</th>
<th>Time—AM or PM</th>
<th>Number of Beeps Counted</th>
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<th>Awake</th>
<th>Asleep</th>
<th>Breathing</th>
<th>NOT BREATHING</th>
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<table>
<thead>
<tr>
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<tr>
<th>Monitor</th>
<th>Apnea Alarm</th>
<th>Heart Rate Alarm</th>
<th>Equipment Alarm</th>
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<table>
<thead>
<tr>
<th>Action</th>
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<th>Baby corrected</th>
<th>Gentle touch</th>
<th>Turn baby over</th>
<th>CPR</th>
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COMMENTS: