

## APNEA MONITOR CARDIORESPIRATORY MONITORING

## I. GENERAL INFORMATION

- A. Cardiorespiratory monitoring is used to alert personnel when a student experiences an episode of apnea (cessation of breathing) or bradycardia (slow heart rate).
- B. The Cardiorespiratory monitor will alarm intermittently (1 beep per second) if there is an absence of breathing and/or if heart rate falls above or below preset parameters. A constant alarm indicates equipment malfunction (loose leads, or monitor and/or battery malfunction).
- C. A student receiving Cardiorespiratory monitoring must be supervised at all times including transportation by personnel trained to respond. The student must be on his/her monitor unless directly observed (unless otherwise specified by physician orders). CPR trained personnel must be available to respond to the student within ten (10) seconds should an alarm sound.

## II. PERSONNEL

- A. School Nurse
- B. Designated school personnel under direct or indirect supervision by school nurse.



## APNEA MONITOR CARDIORESPIRATORY MONITORING

Student's Name:	DOB:	
Equipment and Supplies *(Responsibility of parent/care provider)  1. *Cardiorespiratory monitor — fully charged in carryin 2. *Extra set of leads		
PROCEDURE		
ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS	
School personnel who observe student during transportation to and from school will be responsible for checking if monitor is attached to child and functioning. Document on SPHCS log. Student will not be transported unless equipment is properly functioning.	Refer to specific manufacturer guidelines.  (Insert specific manufacturers Information)  1. Verify monitor is turned on and respiration and heart rate lights are blinking.  2. Check battery light  a. Flashing light means the monitor must be recharged (parent/care-provider to recharge unit).  b. Continuous battery light means battery is malfunctioning. Parent/careprovider to call for replacement unit.  3. If monitor malfunctions at school call parent/careprovider and vendor for assistance.	
2. Student is to be on monitor for bus transportation and at all times unless directly supervised (i.e. diapering and other 1:1 activities). Again, physician orders may specify otherwise (eg. "monitoring for sleeping only", etc.). Personnel must hook up and turn monitor back on when 1:1 activity is completed.		

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
3. Alarm sounds intermittently (1 x/second) and red light is on:	Intermittent alarm indicates apnea or bradycardia.
<ul> <li>a. Immediately check student's condition for facial paleness or blueness of lips and around eyes.</li> <li>b. If above signs are present begin physical stimulation immediately. Physical stimulation may consist of:</li> </ul>	Head and neck must be supported during physical stimulation to prevent injury.
<ul> <li>(1) Gently shake student's shoulder and shout.</li> <li>(2) Stimulate bottom of feet with fingers.</li> <li>c. After breathing resumes check the monitor, patches and connections. Push reset button on monitor and document on SPHCS log.</li> <li>d. If student does not resume breathing initiate CPR.</li> </ul>	The monitor alarm may stimulate breathing.  Have another staff member call 911.
Alarm sounds constantly:     a. Check student's color.	A constant alarm is indicative of a mechanical problem. However, status of student should be assessed at all times when a monitor alarms.
<ul><li>5. If patches or leads need replacement:</li><li>a. Turn monitor off.</li><li>b. Remove new patches from refrigerator to warm to room temperature.</li></ul>	assessed at all times when a monitor diarms.
<ul> <li>c. Remove old patches with leads from student. Reconnect leads to new patches.</li> <li>d. Reapply patches to students under arm at nipple level: white on student's right and black on student's left.</li> <li>e. Reattach to monitor cable and turn monitor on. Verify that unit is functioning.</li> </ul>	Connecting leads to patches on student may result in pain and bruising.
6. Document all alarms and events on SPHCS log.	