



Melbourne Children's Sleep Centre Ward 4E, Level 4, Monash Children's Hospital 246 Clayton Road, Clayton 3168 Ph: 8572 3592 Fax: 8572 3878 http://www.monashchildrenshospital.org/sleep

INPATIENT OXIMETRY REQUEST

Date: PATIENT DETAIL	<u>.S</u>					
Place I	Patient Label Her	е				
Reason for Test:	□□Clinical diag	gnosis of OSA	□ Other Reas	son:		
Medical History/ Cl	inical Informatio	n:				
		Oximeter S	<u>settings</u>			
Machine: Averaging time:	□ 2-4 sec	-4 sec				
Low SpO2 alarm:		High SpO2 alarm: □ Off (Default) □Other:				
Low HR alarm: High HR alarm:						
Heart Rate (HR) Normative Data						
	Age group					
	Infant	Toddler (2yrs)	Pre-school	School age (7yrs)	Adolescent (15yrs)	
HR (asleep; bpm)	80-160	70-120	60-90	60-90	50-90	
Replica from Southe	rn Health Paediat	ric Observation Cl	hart May 2006			
Requesting Consultant:			Signature _			
MCSC Staff Setting up oximeter:			Signature:			

Please fax oximetry request form to 8572 3878