

(Patient label)
 Hospital number
 Surname
 First name
 DOB
 NHS Number

Hospital Logo



CFM OBSERVATION CHART

<p>Consider when Documenting; B – Background trace L – Limits (upper and lower) I – Impedance S – Sleep wake cycle (SWC) S – Seizures /abnormal movements A - Artefact</p>	<p>Guide to completing form</p> <ul style="list-style-type: none"> Impedance – record highest reading. Upper and lower limits SWC; ground lead; seizures and medication write ✓ or x in corresponding box. Additional information to be documented contemporaneously in the notes. 	<p>R – review with medical team after 30 minutes of monitoring; with every neurological review or if condition changes. O – Observe for abnormal movements/ seizures M – Mark all events (e.g. handling, seizures, medication) E - Escalate any concerns to medical team.</p>
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DATE	Frequency of observations; 15; 30 or 60 minutes														
TIME															
LEFT SIDE	100														
	25														
	10														
	5														
	1														
RIGHT SIDE	100														
	25														
	10														
	5														
	1														
SWC seen															
Seizures															
Medication given															
Ground lead secure															
Impedance Left	21-30														
	11-20														
	0-10														
Impedance Right	21-30														
	11-20														
	0-10														
Escalated Y/N															
Reviewed Y/N															
INITIALS															

Adapted by Wendy Rogers, Neuroprotection Lead nurse for the East of England ODN
 Original charts from: Luton and Dunstable Hospital; authors Claudia Chetcuti-Ganado, Neonatal consultant and Helen Doyle, ANNP and Peterborough City Hospital; author Trina Valdez, Practice Development Nurse