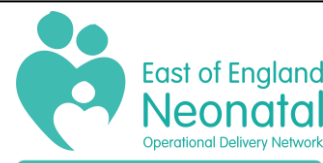


(Patient label)
 Hospital number
 Surname
 First name
 DOB
 NHS Number

Hospital Logo



CFM OBSERVATION CHART

Consider when Documenting; B – Background trace L – Limits (upper and lower) I – Impedance S – Sleep wake cycle (SWC) S – Seizures /abnormal movements A – Artefact	Guide to completing form <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. 	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.
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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																				
Events/ 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

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