Safety In Air Observation Sheet

NAME / URMN / DOB
Place sticker here

Date: __/__/____ Referring doctor (name/designation & signature): _____

Oximeter No: Observer (name/designation & signature):_____

Time	SaO2	Resp Rate	Heart Rate	Awake(A) Asleep(S)	Nursing Comments (e.g. crying, feeding, straining, wriggling, probe off)