

SLEEP APNEA EPISODE LOG

MONTH/YEAR: _____
PATIENT NAME _____
TARGET SPO2 % _____
CPAP/BIPAP SETTING _____

Date	Time of Episode	Duration (Sec)	Lowest SpO2 %	Heart Rate (BPM)	Trigger/Position	Action Taken / Observations
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CLINICAL NOTES & EQUIPMENT ISSUES

Generated Template: Clinical Monitoring Reviewed by: _____