

*Addressograph label*

## Checklist for Equipment Supplied and Training

<b>Please record all which applies to the child on discharge</b>	
Child to have spot check oxygen saturation monitor	
Child to have continuous oxygen saturation monitor	
Child to have apnoea monitor supplied on discharge	

Equipment will be supplied by:	
Decision to supply home equipment has been made by:	
Name:	Job Title:
Where equipment has been supplied training will be carried out by:	
Name:	
Date:	
Location of training:	

Equipment supplied (date)	
Date for Service:	
Medical physics/Bio-engineering dept aware:	

Form completed by:	
Name:	Job Title:
Date:	