

Release of liability for Home SPO2 Monitoring

I, _____ (Parent/Carer of above named child) confirm that:

- I have been shown how to use the device correctly and safety
- I have been given a leaflet with written instructions about how to use the device correctly and safely
- I have been able to ask any questions that I may have about how to use the device correctly and safely
- I have been given a telephone number to call for further advice about how to use the device correctly and safely or for any other advice about its use at home for this study
- I understand that the device must be used correctly in order to generate accurate data
- I understand that the data from this study will be used to make clinical decisions about the most appropriate treatment to be offered to my child
- I understand that incorrect or uninterpretable data is likely to delay my child's treatment

Signed

Parent: _____ Print Name: _____

Date: _____

RETURN

Does the parent/carers know where to return the rad 8 pulse Oximeter to once the study is complete?

Yes _____ To whom, which department and what date and time?

Details: _____

This checklist has been discussed with

_____ (Name of parent / carer who will be using the Rad 8 pulse oximeter)

By

_____ (Name of staff)

Signature of staff _____

Ward _____

Signature of parent / carer _____

Date: _____

Print Name _____

I understand and accept the above instructions

Date _____

Signed (Parent / Carer) _____

Print Name _____

I confirm receipt of the Rad 8 pulse Oximeter and I agree to return the device

On (Date) _____

Return To _____

Signed _____

Print Name _____

Contact Number of parent / Carer _____

Member of staff loaning the Rad 8 Pulse Oximeter _____

Checklist for parents/carers loaned from hospital a Rad 8 pulse oximeter for the purpose of home sleep study

Asset number on Rad 8 pulse Oximeter:

Confirm the device is suitable for home use Yes No

Is the Rad 8 pulse oximeter service in date? Yes No

Date next service due:

Name of patient:

Hospital Number:

Contact Details:

Weight: _____ Probe to be used: _____

General & Parent/ Carer Considerations

1. Have the alarms been set to sleep mode, patient care and instructions prepared and discussed?
Yes / No

Responsible staff members name: _____

2. State the name of the person who has been identified as responsible for the use at home and return of the Rad 8 pulse Oximeter and their relationship to the patient.

Name and Relationship: _____

- Does the parent/ carer know the name of the device? Yes N/A
- Does the parent / carer know how to set up the device at home? Yes / No

Date instructions & Training given: _____

- Has the parent / carer been trained in these and functions of the Rad 8 Pulse Oximeter?
Yes / No

Who will be the main user of this medical device? _____

- Is the parent / Carer aware and accepting that this device is purely for the use of a study and therefore there are no alarms set and no visual monitoring
Yes / No

- Is the parent/ carer able to relay to staff member training what support is in place, who is the contact point and their phone number within the trust for any queries or emergencies? Yes / No

Staff Member confirming above discussion with parent/ carer: _____

Date & Time: _____

Using the Rad 8 Pulse Oximeter care plan for Home

Please follow this sequence of events when using the Rad 8 pulse oximeter at home:

1. Plug the monitor into a safe electricity circuit
2. Keep the monitor out of the child's reach. Always ensure the monitor is placed on the ground safely where it cannot fall onto the child and never on a surface where the child could potentially pull the equipment down.
3. Secure the probe to the toe as demonstrated in clinic. Cover the foot with a sock. Guide the lead away from the child being mindful of the need to keep the lead away from the top half of the child and to prevent any risk of the lead wrapping around the child's neck
4. Plug the probe into the machine cable by matching the arrows as demonstrated in clinic and ensure the cable is plugged into the monitor properly, ensuring the lead is always kept out of the child's reach.
5. Switch the monitor on
6. This monitor is pre-set; it's use is purely for collecting data. No alarms will sound and no readings will be visible, this is in order to aid your child to have a normal night's sleep. Please care for your child as you normally would throughout the night.
7. It is the parent/carers responsibility to ensure the child's safety throughout the night by correct positioning of the monitor placed where it cannot fall and the cable safely secured out of the reach of the child
8. The machine will be cleaned on its return to the ward, re hospital policy. Please keep the machine as clean as possible whilst at home and report any contamination to the ward staff e.g. body fluids/ coffee

Any questions regarding study or equipment please contact Sarum ward

Available 24hrs a day on 01722336262 ext 2561 or 2560

Overnight Monitoring Events Document

Patient Demographics

Hospital Number: _____ Age: _____
 Surname: _____ DOB: _____
 First Name: _____ Date: _____
 Address: _____ Telephone: _____

 GP: _____
 Consultant: _____

| | Night 1 | Night 2 |
|--|----------|----------|
| Approximate Time child asleep | | |
| Approximate Time child awake in morning | | |
| Did your child wake at any point during the night? | Yes / No | Yes / No |

If yes please state time and period of time awake

(Comments: eg Snoring, Unsettled, probe disconnected any disturbances)

Home Sleep Study Satisfaction Survey

On a scale of 0 to 10 (with 0 being disagree and 10 being strongly agree) please rank the following questions

| | |
|---|--|
| 1. The instructions were easy to follow and comprehensive | |
| 2. The machine was easy to use | |
| 3. The machine performed as I expected it to | |
| 4. The probe was easy to apply | |
| 5. The teaching was clear and my queries were answered fully | |
| 6. I felt safe using the equipment in my own home | |
| 7. I was confident that a contact for any queries through the night was available | |
| 8. My child settled well with the probe attached | |
| 9. I believe my child had a normal night sleep being at home | |
| 10. I was made fully aware that the study was solely for the purpose of data collection and not to monitor my child | |

Please briefly answer the following questions:

Do you think your child would have had a more disturbed night's sleep if the study had been performed in hospital and why?

Please comment below on how you feel this test could be improved further

Many thanks for your help in this study. Ali Freeman. Staff Nurse, Sarum ward