Naval Hospital Oak Harbor
Inpatient Nursing Department
Car Seat Evaluation

Name: _____ Birth weight: _____
Date: _____ Current weight: _____
Gestational age at birth: _____
Car seat appropriate size? Yes No Chronological age: _____
If no, describe action taken: _____
_____

Discharge Plans:
Will the family be traveling with the infant immediately after discharge? Yes No
If yes, describe how far, mode of travel and plan of action: _____
_____

Procedure:

_____ The infant was positioned correctly in the car seat.
_____ The infant was placed on continuous pulse oximetry and cardio-respiratory monitor.
_____ The parents were provided with information on car seat safety.
Time testing started: _____
Time testing ended: _____

Results:

_____ The infant maintained saturations >90% consistently while positioned in the car seat with no apneic or bradycardic events.
_____ The infant had one or more episodes of apnea, bradycardia or desaturation during the testing as described below:
_____
_____
_____
_____ The provider was notified and the infant will be retested at a later date or an alternative plan of care will be followed as described below:
_____
_____
_____

Notes:
_____
_____
_____

Test completed by: _____
Signature / Stamp

Addressograph