

CSA Event Log

Patient Details:

(affix label)

Date

Indication

Sedation

Paralysed Yes/No

Electrode skin check (Day Shift).
(Night Shift)

Intact/not intact
Intact/not intact

Signed.....
Signed.....

Electrodes last changed **If changed during shift**.....

Document in notes if skin not intact. Change electrodes every 48 hours (document date and time of change)

Number	Start Time	End Time	Event Type
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Number	Start Time	End Time	Event Type
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