Guardian Light
quality care services

OVERNIGHT SLEEP MONITORING RECORD

Guardian Light Quality Care Services • Client night checks, 22:00–08:00

Client name: _____ **Date of birth:** _____ **Site / room:** _____ **Night of (date):** _____ **to (date):** _____

Staff on shift: _____ **Staff on shift:** _____ **Check frequency (per care plan):** ☐ Every 15 min ☐ Every 30 min ☐ Hourly ☐ Other: _____

Time	22:00				23:00				00:00				01:00				02:00				03:00				04:00				05:00				06:00				07:00			
Minutes past the hour	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45
Sleep status see codes																																								
Position L / R / B / S																																								
Breathing normal ✓ or ✗																																								
Continence check D / W / C / —																																								
Staff initials																																								

Sleep status: **S** Asleep **A** Awake in bed **R** Restless / unsettled **U** Up / out of bed **T** Toileting **D** Distressed – see notes **N** Not in room – see notes **X** Check refused / not possible

Position: **L** Left side **R** Right side **B** Back **S** Sitting / chair **Continence:** **D** Dry **W** Wet **C** Changed / assisted **—** Not applicable **Breathing:** ✓ regular and unlaboured ✗ abnormal – act and report

Record each check as it happens, observe quietly without waking the client unless the care plan says otherwise, and report any breathing concern, fall or distress immediately.

NIGHT SUMMARY	
Time in bed	
Time asleep (approx.)	
Final wake time	
Estimated total sleep	_____ hrs _____ min
Number of wakings	
Overall night	☐ Settled ☐ Mostly settled ☐ Unsettled
PRN medication given	☐ No ☐ Yes – time: _____ (record on MAR)
Incident / fall	☐ No ☐ Yes – report #: _____
Reported to	☐ Supervisor ☐ On-call ☐ Family ☐ N/A

NIGHT NOTES & HANDOVER (time, what you observed, action taken)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Night staff signature: _____ **Time:** _____ **Received by (day staff):** _____ **Reviewed by supervisor / date:** _____