

Tonight's 15-Minute Reset Kit

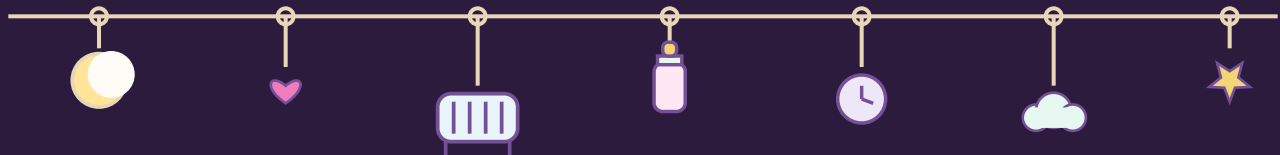
A calm decision system for the next hard night - plus safety checks, exact-pattern routes, a crib/bassinet practice plan, and a three-night tracker.

THE GOAL IS NOT A PERFECT NIGHT

The goal is one safe order your tired brain can follow.

Use this kit to check needs, lower the room, repeat one cue, choose one response, and learn from what happens next.

MOON - HEART - CRIB - BOTTLE - CLOCK - CLOUD - STAR



Print it. Save it. Keep it near the rocker. Use it when your brain has left the chat.

START HERE

BEFORE SLEEP STRATEGY

Safety first. Then solve the sleep pattern.

Use this page whenever the night feels suddenly different, your baby seems unwell, or you are so exhausted you may doze.

01

STOP / CHECK

EMERGENCY NOW

Breathing trouble, blue or gray color, seizure, unusual floppiness, or extreme difficulty waking.

Get emergency help now.

02

STOP / CHECK

CONTACT A CLINICIAN PROMPTLY

Baby under 3 months with 100.4 F (38 C) or higher; poor feeding; fewer wet diapers; repeated vomiting; sudden distress.

Call the baby's clinician.

03

STOP / CHECK

ARRANGE ROUTINE ASSESSMENT

Persistent snoring, gasping, pain, reflux concerns, feeding difficulty, or ongoing sleep disruption.

Bring the three-night log.



If you might fall asleep while holding the baby

Move the baby to a separate clear, firm, flat crib or bassinet on the back. Couches and armchairs are especially dangerous places to doze with a baby. Ask another adult to take over when possible.

SAFE SLEEP IS THE FIXED RULE. THE CALMING ROUTINE CAN FLEX.

THE RESET

THE MAIN TOOL

The 15-minute reset

This is a decision sequence, not a promise that your baby will be asleep in fifteen minutes. Stop the sequence and seek help whenever health or safety concerns appear.

00-03



CHECK NEEDS

Breathing, fever, feeding, diaper, burping, temperature, congestion, pain, and anything suddenly different. ☐

03-06



LOWER THE ROOM

Dim light. Fewer words. Slower movement. Pause extra play. Remove the newest moving parts from the routine. ☐

06-09



REPEAT FAMILIAR CUES

Use the same short phrase, touch, song, or routine ending. Familiar does not have to mean elaborate. ☐

09-12



CHOOSE ONE RESPONSE

Feed, hold, rock, pause, or transfer based on the actual need - not guilt. Give the response enough time to learn from it. ☐

12-15



REASSESS

If distress is rising, return to needs and health. If the baby is settling, stop adding inputs. ☐

ONE THING I NOTICED TONIGHT

FIND THE ROUTE

SIX DIFFERENT NIGHTS

What is tonight actually doing?

Circle the closest pattern. Then answer the first question beneath it. You are not choosing a diagnosis - you are choosing where to look first.



WON'T FALL ASLEEP

Needs, timing, or too much input?

☐

FIRST QUESTION

What changed in the last 15 minutes?



WAKES EVERY HOUR

Feeding, discomfort, or original sleep cues?

☐

FIRST QUESTION

Is the interval repeatable?



ONLY SLEEPS HELD

Connection and transfer pattern.

☐

FIRST QUESTION

When is the easiest sleep to practice?



CRIB / BASSINET

Sensory change or discomfort when flat?

☐

FIRST QUESTION

Does lying flat look painful?



SHORT NAPS

Cycle transition, timing, or hunger?

☐

FIRST QUESTION

What exact minute does waking happen?



SUDDEN CHANGE

Health and change-first route.

☐

FIRST QUESTION

What changed in the last 72 hours?

THE 72-HOUR CLUE

What changed before the sleep changed?

ILLNESS / PAIN

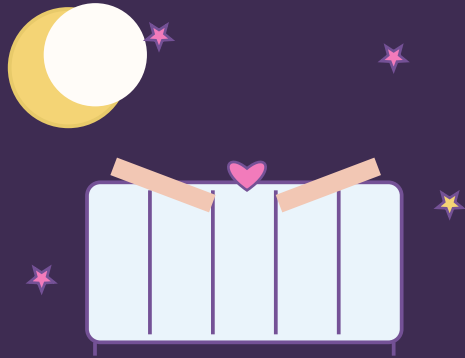
FEEDING

TRAVEL / ROUTINE

NEW SKILL

The crib / bassinet transfer lab

Use one safe sleep period as practice. The goal is not to win every transfer tonight. The goal is to make the sensory change less abrupt while keeping the sleep space clear and flat.



One calm transfer

counts as practice - even when it does not last.

1

Choose the easiest sleep

Do not practice every nap and bedtime at once.

2

Keep the final cue familiar

Same phrase, touch, song, or ending.

3

Lower slowly and pause

Keep hands in place briefly after contact.

4

Read the response

Pain, choking, breathing trouble, or repeated vomiting needs advice.

KEEP THE SLEEP SPACE WONDERFULLY BORING

Do not add these to make the space feel cozier:

☐ pillows or wedges

☐ loose blankets

☐ positioners

☐ inclined products

☐ parent-scented clothing

☐ stuffed toys

WHAT MADE THE TRANSFER EASIER?

Compare. Do not chase.

Pick one low-risk variable. Keep the rest of the routine as steady as real life allows. After three nights, look for direction - not perfection.

THE ONE VARIABLE I AM TESTING

NIGHT

1

LAST NAP / FEED

WHERE SLEEP BEGAN

☐

FIRST WAKING

SMALLEST RESPONSE THAT WORKED

ONE THING I NOTICED

NIGHT

2

LAST NAP / FEED

WHERE SLEEP BEGAN

☐

FIRST WAKING

SMALLEST RESPONSE THAT WORKED

ONE THING I NOTICED

NIGHT

3

LAST NAP / FEED

WHERE SLEEP BEGAN

☐

FIRST WAKING

SMALLEST RESPONSE THAT WORKED

ONE THING I NOTICED

YOUR PLAN

MAKE IT MEMORABLE

Write tonight in one sentence.

When the plan fits on one line, another adult can follow it, and you can remember it while holding a crying baby.

MY ONE-LINE PLAN

Example: After the feed, we will dim the room, repeat one phrase, and practice one slow transfer.

Tonight I will check...

- ☐ Breathing, color, fever, responsiveness
- ☐ Feeding, diaper, burping, temperature
- ☐ Pain, congestion, vomiting, sudden change
- ☐ Last nap and how sleep began
- ☐ The smallest response that works

Tonight I will not...

- ☐ Add five new techniques at once
- ☐ Use a couch or chair if I may doze
- ☐ Add pillows, blankets, or positioners
- ☐ Treat one hard night as a personal failure
- ☐ Keep troubleshooting when health feels wrong

2 A.M. SCRIPTS FOR THE PEOPLE IN THE ROOM

- To yourself**
This is a hard hour, not a verdict. I only need the next safe step.
- To a partner**
Please take the next twenty minutes. Here is the exact plan I am testing.
- To the baby**
I hear you. I am checking what you need. We are going one step at a time.
- To a clinician**
The pattern changed on _____. Here is feeding, diapers, breathing, pain, and the three-night log.

The night-shift cheat sheet

Safety. Needs. Pattern. One change. Reassess. That is the whole route.

1

SAFETY

Breathing, color, fever, responsiveness

2

NEEDS

Feed, diaper, burp, pain, temperature

3

PATTERN

What exactly repeats? What changed?

4

ONE CHANGE

Lower input or adjust one cue

5

REASSESS

Settling? Stop adding. Worse? Return to needs.

COME BACK WHEN THE PATTERN CHANGES



You do not have to solve every night at once.

Scan for the full baby-won't-sleep guide, Sleep Decoder, age context, exact-scenario answers, and the complete method.

SleepBaby.org - full guide + choose-your-price method

YOU HAVE GOT THIS - ONE SAFE STEP AT A TIME



What is flexible - and what is not

The calming sequence can flex around your baby. Safe sleep and medical red flags do not. These primary sources support the safety statements in this kit.

1

Safe sleep for exhausted parents

AAP / HealthyChildren.org

Avoid couches and armchairs; move baby to a separate sleep surface if you might doze.

OPEN PRIMARY SOURCE

2

Safe sleep environment

NIH / NICHD Safe to Sleep

Use a firm, flat, level surface covered only by a fitted sheet.

OPEN PRIMARY SOURCE

3

AAP parent guide to safe sleep

AAP / HealthyChildren.org

Back sleeping; clear sleep space; room sharing is different from bed sharing.

OPEN PRIMARY SOURCE

4

Fever in young infants

AAP / HealthyChildren.org

Under 3 months, a rectal temperature of 100.4 F (38 C) or higher needs prompt medical attention.

OPEN PRIMARY SOURCE

5

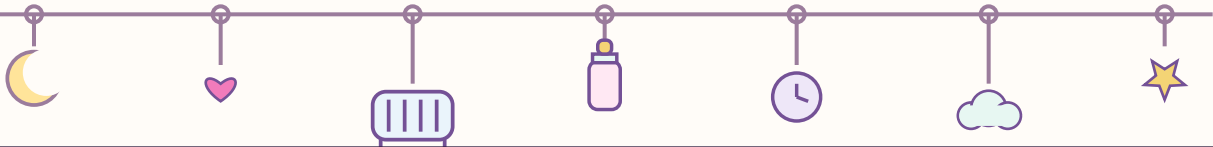
Swaddling safety

AAP / HealthyChildren.org

Place a swaddled baby on the back and stop swaddling when rolling signs appear.

OPEN PRIMARY SOURCE

SAFETY STAYS FIXED - STRATEGY CAN FLEX



When you need another human, ask early.

Call the baby's clinician when the pattern is sudden, painful, paired with feeding or breathing concerns, or simply feels wrong. Ask a trusted adult to take a shift when exhaustion is becoming unsafe. You are allowed to need backup.

FULL GUIDE + EXACT-SCENARIO ROUTES: [SLEEPBABY.ORG](https://sleepbaby.org)