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| SUBJECT: PRE-STUDY PATIENT REQUIREMENTS | REFERENCE #2005        |
| DEPARTMENT: SLEEP LAB                   | PAGE: 1<br>OF: 1       |
| APPROVED BY:                            | EFFECTIVE:<br>REVISED: |

**POLICY:**

Pre-study requirements will be reviewed with the patient prior to the sleep study via information brochure sent to patient and during the reminder call.

**PROCEDURE:**

- Instruct Patient to:
  - Continue medications ordered by physician.
  - Bring all medications and respiratory equipment, as applicable.
    - If the patient is diabetic, remind patient to bring insulin and a snack.
    - If the patient is taking sleeping pills, consult with Sleep Lab Medical Director. (Patient may be required to stop all sleeping medication 10 days before the sleep study.)
  - Eat dinner before coming to the Sleep Lab.
  - Do not consume large amounts of caffeine 12 hours before the sleep study.
  - Do not consume any alcohol.
  - Do not take a nap during the day of the sleep study.
  - Do not use hairspray, gels, mousse, etc., the day of the sleep study.
- Review Patient Checklist with patient.
- Encourage patient to have a family member/significant other drive the patient to and from the Sleep Lab, or to use public transportation.
- The Sleep Lab Technologist shall consult with the Sleep Lab Medical Director about any problems or concerns.

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| SUBJECT: ADMISSION ASSESSMENT | REFERENCE #2007  |
| DEPARTMENT: SLEEP LAB         | PAGE: 1<br>OF: 2 |
| APPROVED BY:                  | EFFECTIVE:       |
|                               | REVISED:         |

**POLICY:**

- Upon admission to the Sleep Lab, each patient will have an assessment completed by the Sleep Lab Technologist for data collection and to determine any immediate needs or concerns.
- Admission assessment will include the following:
  - Review of demographic information
  - Reason for sleep study
  - Physiological parameters, i.e., vital signs, height, weight, neck size
  - Current medications, over-the-counter medications, herbal supplements
  - Pain
  - Environment: special needs of the patient (i.e., hearing aid, glasses, cane, interpreter)
  - Patient/family education
  - Discharge planning:
    - Where
    - With whom
    - Reminder to patient to make follow-up appointment with referring physician

**PROCEDURE:**

- Greet patient and introduce self.
- Identify patient and place ID band on patient's wrist.
- Orient patient to room.
- Complete Admission Assessment Form.

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| SUBJECT: ROUTINE POLYSOMNOGRAPHY (PSG) | REFERENCE #2104        |
| DEPARTMENT: SLEEP LAB                  | PAGE: 1<br>OF: 2       |
| APPROVED BY:                           | EFFECTIVE:<br>REVISED: |

**PURPOSE:**

Sleep studies are performed to evaluate and diagnose possible sleep disorders complicated by cardiopulmonary dysfunctions.

**POLICY:**

- A qualified Sleep Lab Technologist, under the supervision of the Medical Director, will be in attendance for the entire sleep study.
- The maximum patient to technician ratio shall not exceed 2:1.
- The Sleep Lab Technologist will notify the referring physician and/or Sleep Lab Medical Director of any emergent situations, unusual observations during sleep study.

**INDICATIONS:**

- Polysomnography is indicated in patients with:
  - Restrictive ventilatory disorders due to neuromuscular disease and manifesting symptoms of sleep disturbances that include:
    - Morning headaches
    - Somnolence
    - Fatigue
    - Complicated by polycythemia or pulmonary hypertension
  - COPD complicated by a PaO<sub>2</sub> over 55 mm Hg, complicated by pulmonary hypertension, right heart failure or polycythemia.
  - Respiratory disturbances and a PaCO<sub>2</sub> of 45 or greater.
  - Sleep apnea, either by history or with complaints of excessive snoring and daytime somnolence.
  - Nightly cyclic brady or tachy arrhythmias that appear to increase in frequency during sleep.

**PROCEDURE:**

- See Patient Preparation policy and procedure.
- When patient preparation is complete, lights will go out and testing begins.

# POST SLEEP STUDY QUESTIONNAIRE

Please mark your answers and fill in the blanks where applicable.

1. How long did it take you to fall asleep last night?  
 Immediately     Few minutes     Hours     Did not fall asleep
2. How does this compare to the time it usually takes you to fall asleep?  
 Same     Shorter time     Longer time
3. How many hours of sleep do you think you got? \_\_\_\_\_
4. How does this compare to the amount of sleep you normally get?  
 Same     Less than normal     More than normal
5. Did you dream?     Yes     No
6. How much dreaming do you remember?  
 None     Less than usual     More than usual
7. Did you wake up?  
 More than usual     Same     Less than usual
8. How many times do you remember waking up before the end of the study? \_\_\_\_\_  
Why did you wake up? \_\_\_\_\_
9. How did you feel immediately after you woke up?  
 Sleepy     Somewhat alert     Wide awake
10. How did you feel 10 to 15 minutes after waking up?  
 Sleepy     Somewhat alert     Wide awake
11. In general, how did you sleep?  
 Poorly     Same as usual     Better

Please answer questions 12-16 if you used CPAP/BiPAP.

12. How did you tolerate the mask and pressure?  
 Poorly     Well     Very well
13. Do you feel rested?     Yes     No
14. Do you think you snored less when using CPAP?     Yes     No
15. How did you sleep with CPAP?  
 Better     Same as usual     Worse
16. Please explain any problems you had with the CPAP therapy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this questionnaire.

**Please remember to make an appointment with your physician to discuss the results of your sleep study.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| SUBJECT: EMERGENCIES AND RESPONSES | REFERENCE #2116  |
| DEPARTMENT: SLEEP LAB              | PAGE: 1<br>OF: 3 |
| APPROVED BY:                       | EFFECTIVE:       |
|                                    | REVISED:         |

**POLICY:**

- The Sleep Lab Technologist will follow established guidelines for emergencies during a sleep study to ensure safety and care of patients.
- If there is any question of patient safety, call the Sleep Lab Medical Director.
- The polygraph recording will continue, uninterrupted, during the emergency.
- Disconnect the headbox immediately prior to defibrillation.

**PROCEDURE:**

| <b>Emergency Situation</b>  | <b>Response</b>  |
|---|--|
| • Chest pain, neck, jaw or arm pain   | • Call Sleep Lab Medical Director  |
| • Mild to moderate difficulty breathing   | • Call Sleep Lab Medical Director  |
| • Severe difficulty breathing   | • Call 911 or Code Blue, as applicable   |
| • Seizures without cardiac arrest   | • Turn patient on side in case of vomiting.<br>Call Sleep Lab Medical Director |
| • Symptoms of stroke, i.e., paralysis, weakness of limbs, difficulty speaking, difficulty comprehending | • Call 911 or Code Blue, as applicable   |
| • Headache - moderate to severe   | • Page referring physician   |
| • Nausea/vomiting   | • Page referring physician   |
| • Fall/injury   | • Page night supervisor<br>Notify referring physician                          |
| • Change in behavior, i.e., agitation, hostility, anxiety   | • Page referring physician<br>Page night supervisor or Security, if needed     |