

SLEEP STUDY APPOINTMENT		
LAST NAME	FIRST NAME	DATE OF BIRTH
TYPE OF STUDY		STUDY DATE
ARRIVAL TIME AT CENTER	APPOINTMENT TIME	

## Welcome to Somnus Sleep Center

Thank you for choosing Somnus Sleep Center to perform your sleep study. Our staff and board-certified specialist are dedicated to providing you with the highest quality of care throughout your visit. We appreciate the trust you have given us and will continually strive to exceed your expectations.

- Somnus Sleep Center Staff

## Prior to Your Sleep Study

To prepare for your first sleep study, please review the information below and complete the required consent form provided in this sleep study packet. Contact your health insurance company prior to your study to ensure your understanding of your benefits and co-pay/co-insurance responsibilities. If you have any questions, please leave a message for our staff at (301) 638-5500. Your call will be returned within 24 hours.

This sleep study packet includes a Sleep Study Consent Form. **This form must be completed and signed prior to your scheduled sleep study.**

## The Day of Your Sleep Study

### Personal Care

- Be sure to shower prior to your arrival using only shampoo on your hair. Please do not use conditioners, cream rinse, gels or oils as these products prevent proper electrode placement
- It is essential for the technologist to have easy access to the scalp to place necessary electrodes, therefore, please consider this when using tracks, wigs and hairpieces as these styles may limit the technologist's access to the scalp.
- Limit your intake of caffeine after 4:00 pm
- Men, please shave if you are normally clean-shaven
- Please remove nail polish, false nail (s) and trim long nail (s) (index finger). This is for accuracy and precision of pulse oximetry.
- If you are scheduled for an overnight sleep study, we ask that you remain awake all day on the day of the test – please do not nap on the test day.
- Please eat dinner prior to reporting to the sleep center.

### Items to Remember

- For your convenience, please refer to the checklist found at the end of this packet.

## Upon Arrival

Arrive at Somnus Sleep Center at **your noted time** as patients are not admitted after their designated time. The main doors to the center are always secured so be sure to knock upon arrival and be prepared to display photo identification to be admitted. Following check-in, your sleep technologist will accompany you to a sleep room to review your Pre-study Paperwork, if applicable and begin the setup for your sleep study.

## During Your Sleep Study

- A sleep study, or polysomnogram, is a recording that includes measurements used to identify various sleep problems. During sleep testing, small metal disks (called electrodes) are applied to your head with adhesive while additional electrodes are applied with EKG-type sticky pads. These are necessary to monitor brain waves, muscle movements, breathing, snoring and heart rate. Two devices are attached in and under your nose while soft belts are placed around your chest and waist to monitor your breathing. A sensor attached to your finger monitors your heart rate and blood oxygen levels. None of these devices are painful or dangerous and all are designed to be as comfortable as possible.
- While setting up this equipment (approximately 30-40 minutes), your technologist will provide a detailed explanation of what to expect for your particular sleep study. During this time, please feel free to ask any questions.
- If your study is a Split-Night or CPAP/ BiPAP/ Auto-SV titration, you will also be fitted with a mask or nasal pillow device. Your technologist will work with you to determine the correct type and size of mask. Adjustments to the mask or pressure may be required throughout the study based on your comfort and/or the performance of the device.
- Once set up, we encourage you to get comfortable as you prepare to go to sleep; patients are welcome to read, watch TV or use their laptops (we provide free wireless internet service.) Please note; personal electronic devices must be turned off during the “lights out” timeframe of the study to prevent interference with testing equipment.
- Please let your technologist know about any special comfort needs or requests throughout your stay. If you would like some water, please ask your technologist at any time. As bedpans and urinals **and personal care assistance are not available in the center, please notify the staff at the time of making your appointment or call prior to study if you require any type of assistance to get in/out of bed or use the restroom. If you require personal assistance with these tasks you will be required to arrange for a caregiver to stay with you throughout your study.**
- If you have specific medical needs (i.e. taking medications or injecting insulin), please be sure to inform your technologist. Drinking water is available. Patients are welcome to bring juice or caffeine-free soda (which can be placed in our refrigerator) as these beverages are not provided by the center.

**Please take a few moments to respond to the after sleep study questionnaires and our patient survey, if applicable, as we welcome your confidential feedback. You may place the survey in the envelope provided. Thank you.**

## Patient Questions & Answers on Sleep Disorders

The frequently asked questions (FAQs) below are designed to provide further information about sleep center equipment and procedures. After reading the material, please contact our staff at (301) 638-5500 if you have further questions about your sleep study. Our goal is to make your sleep study a comfortable and pleasant experience. If we can assist you further, please be sure to ask us at any time.

### **What should I do the day of the test?**

Please refer to front page of the packet and the checklist provided at the back of this packet.

### **What sensors are applied during the recording?**

Most of the sensors are tiny gold plated disks which are applied to the scalp and skin. Blood oxygen is monitored using a small, lightweight, cushioned plastic clip kept on a finger or applied to an ear lobe throughout sleep. Respiration is monitored by using a very thin plastic sensor that is placed between the nose and upper lip. Breathing effort is recorded using belts placed around the chest and abdomen.

### **Will the recording process be painful?**

No. If you have sensitive skin, you may notice mild skin irritation from electrode paste or adhesive. Needles are not used during this procedure.

### **Who will be present in the sleep center while I am sleeping?**

A trained sleep center technologist will monitor your sleep from an adjacent control desk while you sleep in a private room. The technologist is there to make your stay in the sleep center comfortable and safe while obtaining a high quality sleep recording.

### **Will the recording procedure disrupt my sleep?**

We ask you to sleep on your back, whereas you may sleep in different positions at home. Most people find the sensors to be somewhat bothersome. We know that your sleep in the sleep center will not be exactly the same as it is at home. When we score and interpret your polysomnographic recording, we take into account any disruptive effects of sleeping in the sleep center.

### **Will I be given a sleeping pill?**

No. If you have very significant insomnia at home, your doctor may order a medication to improve your sleep in the sleep center. As these medications may affect other aspects of the test, such as your sleep stages and breathing, your doctor will weigh those concerns against the possibility that you may not sleep as long without the medication. Please review any changes in medication with your physician prior to taking any action. If you have any questions about medication, please contact your referring doctor.

### **May I shower at the sleep center before I leave the following morning?**

Showers are available in most rooms - be sure to express your preference when making your appointment.

### **What is a polysomnogram?**

A polysomnogram is a continuous recording of selected body functions during sleep. The test records brain waves, eye movements and muscle tone; together these measurements determine sleep stages. Heart rate, rhythm sleep movements and snoring sounds are also monitored. For possible sleep apnea, we record breathing and oxygen levels. Additional polysomnographic measurements are made in people with additional suspected disorders.

### **What happens to my sleep recording data after the test is complete?**

A qualified sleep technologist will score your test data and a designated sleep center physician with expertise in clinical sleep physiology will interpret the results. The results will then be forwarded to your physician, usually within 1 to 2 weeks after your study is completed.

### **What causes sleep apnea?**

In everyone, the muscles at the back of the throat relax during sleep. In some people the muscles relax so much that the wall of the throat collapses. As the person tries to breathe, air can't get in. Eventually the effort of breathing wakes him up for a short time. This process, which may happen repeatedly, more than 100 times per hour, throughout the night, describes obstructive sleep apnea, or OSA. The person is not aware of waking

frequently to breathe, but even mild sleep apnea can cause daytime sleepiness, poor memory and concentration, and depression.

**How can I treat my sleep apnea?**

Most people who snore are often encouraged to lose weight, stop smoking and/or eliminate alcohol intake. Losing 10%-15% of body weight usually improves a person’s sleep apnea very significantly. Continuous Positive Airway Pressure, or CPAP, is a treatment often recommended to people with sleep apnea. A new treatment, an oral appliance airway dilator, is often easier to use than a CPAP but slightly less effective. Most insurance companies cover the cost of CPAP, while fewer may cover the cost of dental appliance therapy. If none of these treatments are effective, surgery is usually recommended.

**How severe is my sleep apnea?**

To diagnose the severity of breathing problems in sleep, from mild (primary snoring) up to severe sleep apnea, we analyze the number of times per hour a person’s brain waves show very brief arousals to breathe. This number is the apnea/hypopnea index (AHI), or respiratory disturbance index (RDI).

↔↔↔ MILD	↔↔↔ MODERATE ↔↔↔	↔↔↔ SEVERE ↔↔↔
Primary Snoring RDI < 5 per hour	Mild Sleep Apnea RDI = 5-15 per hour	Moderate Sleep Apnea RDI =15-30 per
		Severe Sleep Apnea RDI > 30 per hour

**Will my health insurance cover the cost of my sleep study?**

We accept most indemnity and managed care insurance payments, and those plans usually pay between 80 to 100 percent of the test costs. Some locations are not covered so your choice of testing locations may be limited by the insurance carrier. Please call us directly at (301)638-5500 to verify that we accept or participate in your patient’s plan, at the location where the test is scheduled. The test will not take place until your insurance and benefits are verified as well as your financial obligation is determined (Co-pay, co-insurance, and deductibles will be discussed prior to appointment scheduled)

**What should I bring to my sleep test?**

Please refer to front page of the packet and the checklist provided at the back of this packet.

**Where can I find more information about sleep studies?**

- American Academy of Sleep Medicine: [www.AASMnet.org](http://www.AASMnet.org)
- National Sleep Foundation: [www.SleepFoundation.org](http://www.SleepFoundation.org)
- The American Sleep Apnea Association: [www.SleepApnea.org](http://www.SleepApnea.org)

**What Happens After My Sleep Study is Completed?**

**Study results are evaluated**

- After you complete your study at Somnus Sleep Center your study will be reviewed and evaluated by a sleep technologist.
- The technologist will be looking for Apneas, Hypopneas, Respiratory Event Related Arousals (RERA), and Periodic Leg Movements.
- The information is then reviewed by our sleep physician, who will determine if you have a sleep disorder and prescribe a plan of care.

**Results are communicated to you**

- Our physician or clinical coordinator will contact you in 1-2 weeks to either schedule a follow-up appointment to discuss the results, or to communicate the results to you over the phone.

**Your treatment or plan of care is prescribed**

- The results of your study may indicate that you have a sleep disorder which means you may need a plan of care beyond improving your sleep routine and environment. This could be a prescription for medications, surgery, or therapy such as Continuous Positive Airway Pressure (CPAP).
- If the CPAP Titration study is recommended in your plan of care, we will arrange your next appointment for overnight titration. This study will help determine the air pressure configurations suitable for your therapy and determine the most comfortable mask.

**The prescribed equipment**

- If you require equipment, as part of your care plan, we will send all your documentation to a Durable Medical Equipment (DME) company which is in network with your insurance.
- The DME Company will process documentation and contact you to set up an appointment to complete the doctor's order for your therapy. Once you have received all your equipment and start your therapy we will contact you and set up a 1<sup>st</sup> follow-up appointment to review your therapy usage data (this is called compliance).
- Insurance approval can take one to two weeks. However, if you have not heard back from the DME Company within two week of first contact, please give us a call.

**We monitor your progress and support you**

- We want to make sure that you are comfortable with and benefitting from your therapy. We may contact you periodically as you adjust to the therapy and begin to experience improved quality of sleep. If you are experiencing trouble with your therapy or if you have concerns Call Us to schedule a follow up appointment if needed.

## CHECKLIST FOR A SUCCESSFUL AND COMFORTABLE SLEEP STUDY

### YOUR RESPONSIBILITIES:

- CONTACT YOUR INSURANCE COMPANY TO ENSURE YOUR UNDERSTANDING OF YOUR FINANCIAL OBLIGATION
- PATIENTS MUST HAVE A CAREGIVER IF THEY NEED ASSISTANCE TO THE BATHROOM OR IN/OUT OF BED. CALL THE OFFICE FOR CAREGIVER'S ACCOMMODATIONS AND ARRANGEMENTS
- MUST SHOWER AND WASH HAIR WITH SHAMPOO ONLY (NO CONDITIONER, GELS OR OILS) BEFORE ARRIVING AT CENTER  
MEN, PLEASE SHAVE IF YOU ARE NORMALLY CLEAN-SHAVEN
- TECH MUST HAVE EASY ACCESS TO YOUR SCALP (WIGS, TRACKS, AND HAIRPIECES ARE NOT RECOMMENDED)
- REMOVE NAIL POLISH, OR FALSE NAIL, TRIM NAIL FROM INDEX FINGER
- YOU WILL ONLY BE ADMITTED WITH PHOTO ID IN HAND
- ASK FOR THE WI-FI INSTRUCTIONS PRIOR TO YOUR STUDY DATE. "KINDLE" DOES NOT USUALLY CONNECT TO OUR WI-FI
- MEDICATIONS** AND MEDICAL EQUIPMENT- SOMNUS PERSONNEL ARE UNABLE TO SUPPLY OR ADMINISTER MEDICATIONS  
PLEASE DO NOT TAKE SLEEP MEDICATION PRIOR TO ARRIVING AT THE CENTER
- LIST OF ALL MEDICATIONS YOU HAVE TAKEN TWO WEEKS PRIOR TO YOUR SLEEP STUDY. ON THE DAY OF YOUR TEST, DO NOT ALTER YOUR MEDICINE UNLESS YOU HAVE BEEN ADVISED TO DO SO BY YOUR PHYSICIAN
- ASK FOR WRITTEN DIRECTIONS TO SOMNUS SLEEP CENTER. IF YOU HAVE ANY QUESTIONS, BE SURE TO CALL OUR STAFF AT (301) 638-5500
- YOUR COMPLETED SLEEP QUESTIONNAIRE (PRE-STUDY PAPERWORK IF APPLICABLE)
- IF YOU ARE EXCESSIVELY SLEEPY, HAVE A RELATIVE OR FRIEND BRING YOU TO AND TAKE YOU HOME FROM THE CENTER. IF THIS IS NOT POSSIBLE, PLEASE UTILIZE PUBLIC TRANSPORTATION.

### FOOD AND BEVERAGE:

- NO CAFFEINE PAST 4 PM (COFFEE, SODAS, ICE TEA, AND ENERGY DRINKS ARE EXAMPLES)
- LIMIT YOUR LIQUID INTAKE AFTER 6 PM
- DO NOT BRING OR DRINK ALCOHOL BEFORE ARRIVING. ANY PATIENT THAT IS SUSPECTED TO BE IMPAIRED BY ALCOHOL OR DRUGS WILL NOT BE ADMITTED ENTRANCE TO THE CENTER FOR SAFETY REASONS. THIS IS AT THE DISCRETION OF THE SLEEP TECHNOLOGIST
- EAT YOUR SUPPER BEFORE ARRIVING AT THE CENTER (THERE WILL NOT BE AN OPPORTUNITY FOR YOU TO EAT A FULL MEAL AT THE CENTER)

### ONCE YOU ARRIVE:

- IF YOU ARE RUNNING MORE THAN 15 MINUTES LATE YOU MAY NEED TO RESCHEDULE
- ARRIVAL TIME IS YOUR APPOINTMENT TIME
- ONCE YOU ARRIVE AT THE CENTER, THE TIME ALLOTTED IS FOR PREPARING FOR YOUR STUDY. COME READY TO BEGIN YOUR PREPARATION, YOU WILL HAVE SOME RELAX TIME AFTER YOUR PREPARATION BUT MOBILITY WILL BE RESTRICTED BECAUSE OF THE WIRES

### CLOTHING AND TOILETRIES:

- PATIENTS MUST REMAIN CLOTHED AT ALL TIMES WHILE IN THE CENTER, IN BEDROOM, AND IN BED
- WEAR COMFORTABLE, PREFERABLY LOOSE FITTING SHIRT WITH BUTTON DOWN FRONT AND SHORTS (PREFERRED), SLEEP OR LOUNGEWEAR CLOTHING (NO SEE THROUGH OR CLOTHING ITEMS THAT EXPOSE PRIVATE AREAS)
- SLIPPERS ARE STRONGLY RECOMMENDED, WE REQUEST THAT YOU DO NOT WALK IN BARE FEET
- WEAR WARM CLOTHES IF YOU GET COLD EASILY
- WEAR COOLER CLOTHING IF YOU GET HOT EASILY
- WE RECOMMEND YOU HAVE A CHANGE OF CLOTHES FOR THE MORNING
- TOILETRIES: COMB, HAIRBRUSH, SHAMPOO, TOOTHBRUSH, TOOTHPASTE AND SHAVING MATERIAL (TRAVEL-SIZE TOILETRIES PROVIDED CENTER)

### FOR YOUR COMFORT AND SAFETY:

- YOU ARE WELCOME TO BRING A PERSONAL FAN, MUST BE A QUIET DEVICE
- ALL ROOMS HAVE PRIVATE BATHROOM
- IF YOU NEED A MORNING SHOWER, PLEASE CALL AND REQUEST A ROOM WITH A SHOWER
- PLEASE DO NOT BRING YOUR OWN PILLOW AND BED LINENS: THESE ITEMS WILL BE SUPPLIED FOR YOU. OUTSIDE BEDDING IS NOT PERMITTED DUE TO OUR STRICT HOUSEKEEPING POLICIES AND OUR COMMITMENT TO A CLEAN SANITARY ENVIRONMENT FOR ALL PATIENTS.
- DO NOT TAKE SLEEPING MEDICATIONS BEFORE ARRIVING AT THE CENTER
- IF YOU NEED A RIDE IN THE MORNING PLEASE HAVE DRIVER ARRIVE ON TIME, COORDINATE WITH TECH
- CELL PHONES AND OTHER DEVICES MUST BE TURNED OFF DURING "LIGHTS OFF"
- PLEASE REFRAIN FROM CELL PHONE USE DURING THE PREPARATION AND EDUCATION PORTION OF YOUR STUDY. ALERT YOUR LOVED ONES THAT YOU WILL BE ENGAGED AND THE PHONE WILL NOT BE ACCESSIBLE

## BED PARTNER QUESTIONNAIRE

NAME OF PATIENT	DATE
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DO YOU HAVE A BED PARTNER?  YES  NO IF YES, COMPLETE QUESTIONNAIRE BELOW:

CHECK ANY OF THE FOLLOWING BEHAVIORS THAT YOU HAVE OBSERVED THE PATIENT DOING **WHILE ASLEEP**:

<input type="checkbox"/>	LOUD SNORING	<input type="checkbox"/>	BEDWETTING
<input type="checkbox"/>	LIGHT SNORING	<input type="checkbox"/>	SITTING UP IN BED WHILE STILL ASLEEP
<input type="checkbox"/>	TWITCHING OF LEGS OR FEET	<input type="checkbox"/>	HEAD ROCKING OR BANGING
<input type="checkbox"/>	PAUSES IN BREATHING	<input type="checkbox"/>	KICKING WITH LEGS
<input type="checkbox"/>	GRINDING TEETH	<input type="checkbox"/>	GETTING OUT OF BED WHILE STILL ASLEEP
<input type="checkbox"/>	SLEEP TALKING	<input type="checkbox"/>	BITING TONGUE
<input type="checkbox"/>	SLEEPWALKING	<input type="checkbox"/>	BECOMING VERY RIGID AND/OR SHAKING

HOW LONG HAVE YOU BEEN AWARE OF THE SLEEP BEHAVIOR(S) THAT YOU CHECKED ABOVE?

ANSWER

DESCRIBE THE BEHAVIOR(S) CHECKED ABOVE IN MORE DETAIL. INCLUDE A DESCRIPTION OF THE ACTIVITY, THE TIME DURING THE NIGHT WHEN IT OCCURS, HOW MANY TIMES DURING THE NIGHT AND WHETHER IT OCCURS EVERY NIGHT.

ANSWER

IF YOU HAVE HEARD LOUD SNORING, DESCRIBE IT IN MORE DETAIL. INCLUDE DESCRIPTIONS OF ANY PAUSES IN BREATHING OR OCCASIONAL LOUD "SNORTS" THAT YOU MAY HAVE NOTICED.

ANSWER

## PATIENT PROCEDURE CONSENT FORM

I AUTHORIZE (SELECT ONE) <input type="checkbox"/> POLYSOMNOGRAPHY (PSG) <input type="checkbox"/> TITRATION OF CONSTANT POSITIVE AIRWAY PRESSURE (CPAP TIT) <input type="checkbox"/> POLYSOMNOGRAPHY AND TITRATION OF CONSTANT POSITIVE AIRWAY PRESSURE (Split-Night) <input type="checkbox"/> MULTIPLE SLEEP LATENCY TEST (MSLT) <input type="checkbox"/> MAINTENANCE WAKEFULNESS TEST (MWT) <input type="checkbox"/> OTHER _____
TO BE PERFORMED ON (NAME OF PATIENT)
UNDER THE DIRECTION OF (NAME OF PHYSICIAN)

Long term EEG monitoring and Polysomnography (sleep study) procedures are non-invasive multi-channel recordings designed to record diagnostic physiologic parameters for neurologic or sleep disorders. Monitoring leads are attached with tape and medical adhesive. A side effect of the procedure may be minor skin irritation associated with the cleaning of the application sites. When Continuous Positive Airway Pressure (CPAP), Bi-level pressure or oxygen is indicated by policy during a sleep study, it may be applied to improve cardiac or respiratory events occurring during sleep. Common complications of CPAP and Bi-level are dry mouth, burning sensation in the nose and skin irritation. With any procedure, there may be imponderable or unexpected side effects experienced. Notify the technologist of any discomfort you experience during your procedure.

**Check appropriate choice:**

- Yes     No      If collodion glue is used in the application, side effects may be sensitivity to strong odor, minor itching or burning as glue dries. The remover, acetone, also has a strong odor and may cause a stinging sensation. Acetone will cause very dry skin temporarily.
- Yes     No      I consent to the recording of pictures with a camera, still or video, before or during the procedure by the sleep technologist. All photographic documentation is kept confidential and to be used as part of a diagnostic procedure only.

**Please note:** there are monitoring cameras for the technologists to view patients. The presence of a camera in the patient room does indicate video recording. The recording will be destroyed within ninety (90) days.

**With my signature below, I certify:**

- \_\_\_\_\_ I understand that any cancellations must be made within 1 business day of my appointment otherwise I may be charged \$200 for a missed sleep study appointment as per the financial policy in my New Patient Paperwork.
- I have read and have access to a copy of the Consent Form and the Patient Rights brochure.
- I give permission to release any medical information in order to file any insurance claims and to any consulting physicians or providers in regards to my medical history.
- I release Somnus and its agents from any liability claims or damages that may arise from the disclosure of such information and pursuit of payment.
- The nature and purpose of the procedure, the risks involved and the possibility of complications have been fully explained to me. No guarantee or assurance has been given to me by anyone as to the results that may be attained.
- The representative signing for the patient is indicated by the relationship and printed name below

PRINTED NAME OF PATIENT OR PATIENT REPRESENTATIVE	RELATIONSHIP TO PATIENT	
SIGNATURE OF PATIENT OF PATIENT REPRESENTATIVE	DATE	TIME
PRINTED NAME OF WITNESS		
SIGNATURE OF WITNESS	DATE	TIME