

# Pioneer Neurology and Sleep

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## PSG LOG

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ STUDY # \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Sleep Physician: \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Insurance: \_\_\_\_\_

Medications: \_\_\_\_\_

Sleeping Aid: \_\_\_\_\_ mg Ambien or Sonata Time Given: \_\_\_\_\_

### PSG TECH SUMMARY

L. Out: \_\_\_\_\_ L. On: \_\_\_\_\_

#### **EEG:**

Sleep Stages: 1 2 Delta Rem

Seizure Activity YES NO Epoch \_\_\_\_\_

Alpha-Delta YES NO

Alpha Intrusion YES NO

Psuedospindles YES NO

#### **SPO2:**

Baseline \_\_\_\_\_% Lowest \_\_\_\_\_%

#### **Respiratory events:**

Apneas: Obstructive \_\_\_\_\_ Mixed \_\_\_\_\_ Central \_\_\_\_\_

Hypopneas \_\_\_\_\_

Causing Arousals? YES NO

Frequency: Mild Moderate Severe

Paradoxical Breathing? YES NO

Events Positional? YES NO

Causing Arousals? YES NO

Patient Mood Prior to Study: Relaxed Anxious Other \_\_\_\_\_

#### **Snoring:**

Scale 1-10 \_\_\_\_\_

Positional? YES NO

#### **EKG:**

Arrhythmias? YES NO

Describe \_\_\_\_\_

Event Related? YES NO

Pacemaker? YES NO

#### **PLMS:**

Present? YES NO

Causing Arousals? YES NO

#### **Positions:**

Supine Left Right Prone

# Pillows: \_\_\_\_\_

Supplemental O2 used? YES NO

If so, how much? \_\_\_\_\_ L/min

Heart Rate Range \_\_\_\_\_ BPM

### **Calibration and Impedence Summary**

Machine calibration OK? YES NO

Patient calibration OK? YES NO

Oximeter calibration OK? YES NO

Nasal\Oral airflow amplitude sufficient?

If no, why? \_\_\_\_\_

YES NO Adjusted

Technician: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
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