

# Pioneer Neurology and Sleep

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

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

Height: \_\_\_ft \_\_\_in Weight \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Neck Circumference: \_\_\_\_\_

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

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

## PSG TECH SUMMARY

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

### Pre-titration:

Nasal Patency Assessed: Good Fair Poor

Congestion Present? YES NO

Patient allowed to trial mask? YES NO

### Snore:

Did patient snore? YES NO

Snoring resolved at what pressure? \_\_\_\_\_ cm H2O

### Oxygen:

Was supplemental O2 needed? YES NO

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

### CPAP:

Beginning pressure \_\_\_\_\_ cm H2O

Ending pressure \_\_\_\_\_ cm H2O

Optimal pressure \_\_\_\_\_ cm H2O

HEART RATE: \_\_\_\_\_ - \_\_\_\_\_

### BIPAP:

Was BIPAP required? YES NO

Beginning pressure \_\_\_\_\_ cm H2O

Ending pressure \_\_\_\_\_ cm H2O

Optimal pressure \_\_\_\_\_ cm H2O

### OPTIMAL PRESSURE:

Patient at optimal pressure for at least 1 hr?

YES NO

Stage REM seen? YES NO SUPINE

Optimal + 1 attempted? YES NO

Did patient tolerate CPAP\BIPAP? Y N

### EKG:

Arrhythmias present? YES NO

Describe \_\_\_\_\_

Event related? YES NO

Pacemaker? YES NO

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

### PLMS:

Present? YES NO

Causing arousals? YES NO

### CPAP\BIPAP Patient Information

Optimal CPAP setting \_\_\_\_\_ cm H2O BIPAP settings \_\_\_\_\_ cm H2O \_\_\_\_\_ cm H2O

Mask type \_\_\_\_\_ Mask size \_\_\_\_\_ Headgear size \_\_\_\_\_

Was a chinstrap used? YES NO Is humidification necessary? YES NO

Type of humidification used: HEATED COOL

Was oral venting noted? YES NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_