Types of Sleep Studies

**Type 1** - Attended in-lab polysomnography (PSG) - 18 leads

**Type 2** - Comprehensive portable PSG. At home set up with a technician - 7 leads

**Type 3** - Home sleep testing (HST) - 4 leads

**Type 4** - Home sleep testing (HST) - 2 biomarkers (usually blood O₂ and HR)
**HST**

**TWO MAIN TYPES**

- **Type 3** *(only MD can use for diagnosis)*
  - Four physiologic variables
  - Can be used for MAS titration
  - Expensive

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**HST TYPE 3**

- [Image of equipment used for sleep study]

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**HST**

**TWO MAIN TYPES**

- **Type 4** *(not used for diagnosis)*
  - Record one or two variables
  - Usually include:
    - Arterial oxygen saturation
    - Heart rate
What to look for in a Pulse Oximeter

Made in the USA
- Quality & Reputation
- Longevity & History
- Customer support (Minnesota accent)

Patient Friendly
- Easy to use
- Simple
- Comfortable
- Easy to read reports

Cost and options
- Inexpensive disposables
- Finger sensor options
- Staff administered testing

Start with diagnosis by MD:
- Subjective (symptoms)
- Objective (signs)
Subjective

- Sleep history
- Sleep Questionnaires (ESS, Bed Partner, Quality of life)
- Patients chief sleep complaints (this is what you will track)

Objective

- Sleep testing by MD
- HST or PSG
- Video EEG

PSG Diagnostic Report

AHI
RDI
ODI
PSO2
ORAL APPLIANCE - MOVES THE JAW FORWARD

1. Therapy more effective

2. Increase risks of side effects

ORAL APPLIANCE EFFECTIVE?

Subjective symptoms (feels)
- Track original symptoms
- Fatigue
- Restful sleep
- Daytime energy

HOW? ---- Ask Questions
ORAL APPLIANCE EFFECTIVE?

**Objective signs (testing)**
- Blood oxygen levels
- Heart rate
- Number of arousal events

**HOW? --- Pulse oximetry**

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Objectives:
- Feeling?
- Original symptoms
- Improve?
- Questionnaire

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**Patient Name:**

**DOB:**

**Main Sleep Complaint:**

**Patients Global Impression of Changes Scale (PGIC):**

Since beginning treatment at this practice, how would you describe the change (if any) in ACTIVITY LIMITATIONS, SYMPTOMS, EMOTIONS and OVERALL QUALITY OF LIFE, related to your condition? (check ONE box)

- No change (or condition has worsened)
- Almost the same, hardly any change at all
- A little better, but no noticeable change
- Somewhat better, but the change has made no real difference
- Moderately better, and a slight but noticeable change
- Better, a definite improvement that has made a real difference
- Much better, huge improvement that has made a big difference

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**Epworth Sleepiness Scale (ESS):**

Rank how likely it would be for you to become drowsy during the day in the following situations:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Chance of dozing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting &amp; Reading</td>
<td>0</td>
</tr>
<tr>
<td>Watching TV</td>
<td>1</td>
</tr>
<tr>
<td>Sitting inactive in a public place (i.e. theater)</td>
<td>2</td>
</tr>
<tr>
<td>As a car passenger for an hour without a break</td>
<td>3</td>
</tr>
<tr>
<td>Lying down to rest in the afternoon</td>
<td>4</td>
</tr>
<tr>
<td>Sitting and talking to someone</td>
<td>5</td>
</tr>
<tr>
<td>Sitting quietly after lunch without alcohol</td>
<td>6</td>
</tr>
<tr>
<td>In a car, stopped for a few minutes in traffic</td>
<td>7</td>
</tr>
</tbody>
</table>

**Total score:**

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**Ht:** _____

**Wt:** _____

**Patient Signature:**

**Date:**
Pulse Oximetry Interpretation

OSA
- Symptoms
- Simple ODI and time under 90%

UARS
- Symptoms
- Heart Rate Variability (suggests effort)
**OAT Titration Worksheet**

**Patient name:** ______________________  **Weight:** ____  **DOB:** ______  **Age:** ____  **BMI:** _____

**Type of MAS:**   _________  **Date of insertion:** _________

**Pulse Ox unit #** _______  **Date Dispensed** _______  **Initial** ____  **Date Returned** ________

**Original sleep MD/facility:** _________________

**HST type on this report:**  
- [ ] Pulse Ox  
- [ ] HST Type 3  
- [ ] Other ____________

**Original PSG date** _______  **HST date** _______  **HST date** _______  **PSO2**  

**RDI**  
**AHI**  
**ODI**  
**Percent time under 90%**  

**Pes**  
**ESS**  
**PGIC**

**Original Sleep Complaints:**  
- [ ] fatigue  
- [ ] OSA  
- [ ] snoring  
- [ ] ____________

Check one:  
- [ ] patient satisfied  
- [ ] symptoms not resolved

**Current disposition:**  
- [ ] All symptoms resolved  
- [ ] Titration study to see if advancement needed  
- [ ] MAS out as far as possible – what is next?  
- [ ] Final to determine if MAS is effective

**Dr. Comments:**

**Dr. Recommendations:**  
- [ ] Adv MAS redo HST  
- [ ] Adv MAS then send for final HST/PSG with Sleep MD  
- [ ] Send for final HST with Sleep MD now  
- [ ] Send for PSG w/ PES to see why symptoms remain  
- [ ] Send for PSG with Sleep MD to consider Combination Therapy  
- [ ] Other:

**Clinical Assistant Comments:**

**Clinical Assistant Initials:** _ _ _ _ _