

Home Sleep Test - Interpretation Report

Patient Information	Physician Information	Provider Information
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
Phone: [REDACTED]	Phone: [REDACTED]	Phone: [REDACTED]
Gender: [REDACTED]	Fax: [REDACTED]	Fax: [REDACTED]
Date of Birth: [REDACTED]	NPI: [REDACTED]	
MRN: [REDACTED]		
Height: [REDACTED] Weight: [REDACTED] BMI: [REDACTED]		

Recording **Start :** 08/02/2020 12:25:00 AM **End :** 08/02/2020 07:22:45 AM **Duration :** 6 hours 57 min 45 sec

Test Condition: Room Air

Respiratory Events	Oximetry
RDI: 38.2	Oxygen Desaturation Index: 57.6
Apneas: 1	Lowest Saturation: 76
Obstructive Apneas: 1	Oxygen Saturation ≤ 89%: 252 min
Central Apneas: 3	Minimum pulse frequency: 62
Hypopneas: 256	Maximum pulse frequency: 95

Impression / Diagnosis

- Findings are consistent with Sleep related hypoventilation in conditions classified elsewhere (G47.36)
- High heart rate variability, may be suggestive of bradytachycardia, and/or atrial fibrillation
- Inconclusive

Recommendations

- If CPAP is utilized without APAP titration, an in-laboratory facility-based PAP titration may be considered.
- Consider PAP interface mask fitted for patient comfort, Heated Humidification & PAP compliance monitoring via downloadable reports (at 1 month, 3 months & 12 months after PAP initiation). Medicare has specific compliance requirements during the first 90 days of use.
- Mandibular repositioning device/ Oral appliance therapy may be considered for mild to moderate OSA, or for severe OSA if the patient is intolerant, refuses and/or non-compliant with CPAP.
- A Mandibular repositioning device/Oral appliance therapy would also be a reasonable alternative for the treatment of mild obstructive sleep apnea based on patient preference and clinical presentation. Efficacy testing once the device has been optimized should be strongly considered due to individual variability of response to dental devices
- The study shows mild obstructive sleep apnea. Treatment options include PAP therapy, oral appliances or Provent. Consider follow up at the Sleep disorder center to discuss management options.
- Cheyne-Stokes respiratory pattern was noted. Consider an in-laboratory facility-based sleep study to evaluate for central sleep apnea, if clinically indicated.
- Consider referral to a Sleep Specialist, if clinically indicated
- The degree of desaturation seems out of proportion to the AHI. Consider repeat pulse oximetry (confirm that artifact is ruled out) and if low saturations are confirmed consider other causes for hypoxemia.
- Treatment is recommended for patients diagnosed with moderate and severe obstructive sleep apnea (AHI/RDI>15). Treatment is recommended for patients diagnosed with mild obstructive sleep apnea (AHI/RDI 5 -15), if associated with any one of the following: daytime sleepiness (ESS >10), cognitive dysfunction, mood disorders, hypertension, heart disorders and stroke.
- Other: Velocity there was insufficient data for interpretation. Consider a repeat sleep study

A Home Sleep Test cannot diagnose all sleep disturbances. If this test is negative for Obstructive Sleep Apnea and your clinical evaluation suggests otherwise, please refer the patient for a facility-based sleep study.

Digitally Signed on August 12, 2020 by [REDACTED], Board Certified Sleep Physician. NPI: [REDACTED]