



IN-LAB SLEEP STUDY PSG (Polysomnography)

Thank you for choosing Ridgeview for your health care needs! Our goal is to provide the best possible health care for the community we serve. This letter is to confirm your scheduled sleep study and to explain what is involved with the procedure.

Prior to your arrival, please review the following information about the Sleep Center. Fill out the forms included in this packet.

REMINDERS FOR THE DAY OF YOUR APPOINTMENT:

- Bring your medication list and the completed health questionnaires.
- Arrive at the time you were scheduled for. If you cannot keep this time, please contact the sleep center prior to your appointment.
- The Ridgeview Medical Place building is locked at night, park on the front (north side) of the building and ring the buzzer to the left of the door under the larger canopy. (Refer to map in packet.)

If you have any questions or concerns or need additional information, you can contact the sleep center directly at 952-442-8080. Please leave a message if nobody is available to take your call, and someone will call you back when available.

If you should need to cancel or reschedule your sleep study, please contact our scheduling office as soon as possible at 952-442-8012 from 8am-4:30pm so we can fill that opening with another patient.

Sleep Study Information

Your sleep test is scheduled for _____ at _____.

Address of the SLEEP CENTER: **RIDGEVIEW SLEEP CENTER** *(See map in packet*
(on the north side of the hospital) **RIDGEVIEW MEDICAL PLACE** *for both*
490 South Maple St., Suite 103 *building locations)*
Waconia, MN 55387
Parking: Park in the area marked Entrance.

The follow up appointment to go over test results is scheduled for _____

****PLEASE NOTE: YOUR FOLLOW UP APPOINTMENT IS LOCATED IN THE:**
(on the south side of the hospital) **RIDGEVIEW PROFESSIONAL BUILDING**
560 S. Maple Street, Suite 400
Waconia, MN 55387

The entrance doors of the Sleep Center will be locked when you arrive for your sleep test. **YOU MUST RING THE BUZZER TO NOTIFY THE STAFF OF YOUR ARRIVAL.** The sleep technician will then greet you at the front door and escort you to your private room in the Sleep Center.

Sleep Study Preparations

Prepare for your sleep study as if you were spending the night at a hotel or a friend's house. Pack an overnight bag with only the items you will need during your stay: toiletries, comfortable sleepwear (2 piece pajamas or t-shirt and shorts), medications (see also below) and optionally include your favorite pillow or blanket for extra comfort.

Medications: Please bring all of your currently prescribed medications and/or a complete home medication list. The technician will review them prior to your study. Please be advised that the technician cannot obtain medications for you, so be sure to bring what you will need to take while you are here. Do not discontinue any prescription medications without talking to your healthcare professional.

On the day of your scheduled sleep study:

- Avoid naps
- Avoid caffeine after 10:00 am (beverages and chocolate)
- Avoid alcohol
- Wash and dry your hair (without hairspray, gels, or oils)
- Remove nail polish and/or acrylics from at least one (non-pinky) finger. A sensor will be placed on this fingernail and must be clean of polish/acrylics.
- Continue to take any prescription medication unless otherwise instructed by your physician. If you take any sleeping aides, do not take until after you arrive at the Sleep Center. Inform the technician of what you are taking.
- If you have a cold, please contact us. We may want to reschedule your sleep study.

Information about the facility

1. A TV, telephone, and bathroom are available in your room.
2. A shower is located within the Sleep Center and available to you after your study is completed. Soap/Conditioner and towels are provided.
3. Smoking is prohibited within the facility.

Information about the testing procedure:

When you arrive at the sleep center, you will be greeted by the sleep technician and escorted to your room. The technician will go through your health information and medication list. You will be shown the equipment that will be used during the study and will be given a chance to ask questions or express your concerns. The technician will leave and give you time to change into your sleep clothing.

After you are dressed for sleep, the technician will attach several electrodes to your head, face and body. These enable the technician to monitor your brain activity, heart rhythm, snoring, breathing and body movements from an adjoining room throughout the study. Two loose fitting bands will also be placed around your chest and abdomen to monitor your breathing. Finally, a sensor will be placed over one fingernail (non-pinky) to monitor oxygen saturation (this nail must be free of polish and/or acrylic nails). The electrodes, bands and sensors do not hurt, but initially may feel strange and distracting, but most people do not find them uncomfortable or an obstacle to falling asleep. During the recording, the electrode wires will be attached to a box near the bed. Although the wires are firmly secure, they are not confining. You will be able to get up and use the bathroom if needed during the study. All you have to do is say aloud you need to use the restroom and the technician will come in to disconnect a few sensors (this is an easy task since all the sensors are plugged into a central box).

Before you go to sleep for the night, the technician will have you try a CPAP device. A CPAP is a device that treats sleep apnea (common sleep disorder). The technician will explain how the CPAP works and show you the variety of mask options available to use at the sleep center. If you agree, the technician will fit you with a mask and may wake you during the night to try a CPAP if you show signs of apnea during your sleep cycles. This is beneficial to you and the technician to see if the CPAP improves your sleep patterns.

Please be aware that we will need to turn the lights down by 10:30 p.m. and allow you to fall asleep. This will help ensure a quality sleep study. (If you are used to staying up later than 10:30 p.m. you may want to adjust your sleep schedule a few nights before your study.) The technician will be monitoring you throughout the night in a separate room. You will be able to roll over and change positions as the wires are gathered to the back of your head. You will be able to fall asleep in your customary position although you will be asked to sleep on your back for a period of time.

The study will end approximately 6:30 – 7:00 a.m. Depending on the outcome of the study (if you need to be treated with a CPAP) and your desired course of treatment, you will need to make an appointment with a Home Medical Equipment Company. Ridgeview Home Medical Equipment (RHME) is located in Waconia. You will meet with Ridgeview Home Medical Equipment for a 1 hour session of education on CPAP, Mask, Equipment setup and instructions. They can be reached at (952) 442-2283 for an appointment. Also, a follow up appointment will be scheduled with one of our sleep specialists to go over the results of the sleep study and discuss treatment or review use of CPAP.

If you have any questions or concerns about the testing procedure, feel free to call the Sleep Center at (952) 442-8080. If nobody is available to take the call, leave a message and your call will be returned as soon as possible.

Additional information

If you need to reschedule or cancel your sleep study, please contact us as soon as possible at (952) 442-8012 so that we can fill the opening with another patient.

You will receive two separate bills related to your visit to the Sleep Center- one from Ridgeview Medical Center for the sleep study itself and one from Ridgeview Clinics for Dr. Ravi Vacla's professional interpretation of the study. If you have any questions, please do not hesitate to call the business office at (952) 442-7895.

Thank You!
Ridgeview Sleep Staff

COMMON SLEEP STUDY QUESTIONS & ANSWERS

Why do I need a sleep study?

A laboratory sleep study is considered to be the "gold standard" to accurately diagnose sleep disorders. In order to fully understand your sleep, various brain activities and body systems, you will be observed throughout the night. After the study your sleep specialist will review the study with you.

How should I prepare for my sleep study?

On the day of the sleep study, avoid caffeine (coffee, chocolate, cola, and tea) after 10:00am and do not nap. Before coming to the sleep center, wash your hair with shampoo, dry your hair and do not apply hair sprays, oils or gels. Pack an overnight bag as you would for an overnight stay at a hotel. Feel welcome to bring your own pillow or blanket.

Should I take my medications as usual?

It is important for your sleep professional to know if you are taking any prescribed or over-the-counter medication, we will ask for a list of your medications. Sometimes certain medications need to be discontinued gradually prior to a sleep study so that the sleep study results can be interpreted correctly. Do not discontinue any prescription medications without talking with your healthcare professional. Please call the sleep center if you have questions regarding your medications or speak with your physician.

What will happen when I arrive at the sleep center?

When you arrive at the sleep center at 8:00 or 9:00pm, ring the bell located to your left of main entrance to the medical place building. The sleep technologist will come to greet you and show you to your bedroom. The technologist will show you equipment that will be used during the study and will describe how the night will proceed. You will be given a chance to ask questions and discuss any specific difficulties that you may be having that you have not discussed with the sleep physician. The technologist will have you change into your nightclothes and get ready for bed as you do at home.

Next, the technologist will apply approximately two dozen sensors placed on your scalp and body. The sensors will monitor brain waves, muscle movements, eye movements, breathing, snoring, and heart rate and leg movements. Flexible elastic belts will be placed around your chest and abdomen to monitor breathing. A sensor will be placed on your finger to monitor oxygen saturation. None of these sensors are painful and are designed to be as comfortable as possible. The electrodes may feel strange at first, but most people do not find that they are uncomfortable or an obstacle to falling asleep.

Before you go to sleep for the night, the technologist will have you try a CPAP device. A CPAP is a device that treats sleep apnea. Sleep apnea is a common sleep disorder. The technologist will explain how the CPAP works and allows you to become accustomed to it. The CPAP device includes a mask that will fit over your nose or nose and mouth. Several mask options are available to trial. At this time the technologist will help you find the mask option that fits you the best.

Will I be able to use the restroom during the night?

Yes, if you use the restroom, the technologist will disconnect a few of the sensors and you will be able to use the restroom. This is actually a very easy task since all the sensors are plugged into a central box. All you need to is to say aloud that you need to use the restroom and the technologist will assist you.

What happens during the sleep study?

The technicians will stay awake all night while you sleep to make sure that you are safe and also to monitor your sleep. The techs and their technical equipment will be in a room separate from your sleeping room. You will be able to roll over and change positions almost as easily as you would at home because all the wires are gathered together in a kind of a ponytail behind your head. You will be able to fall asleep in your customary position although the technologist may ask you to sleep in all your sleep positions for a period of time.

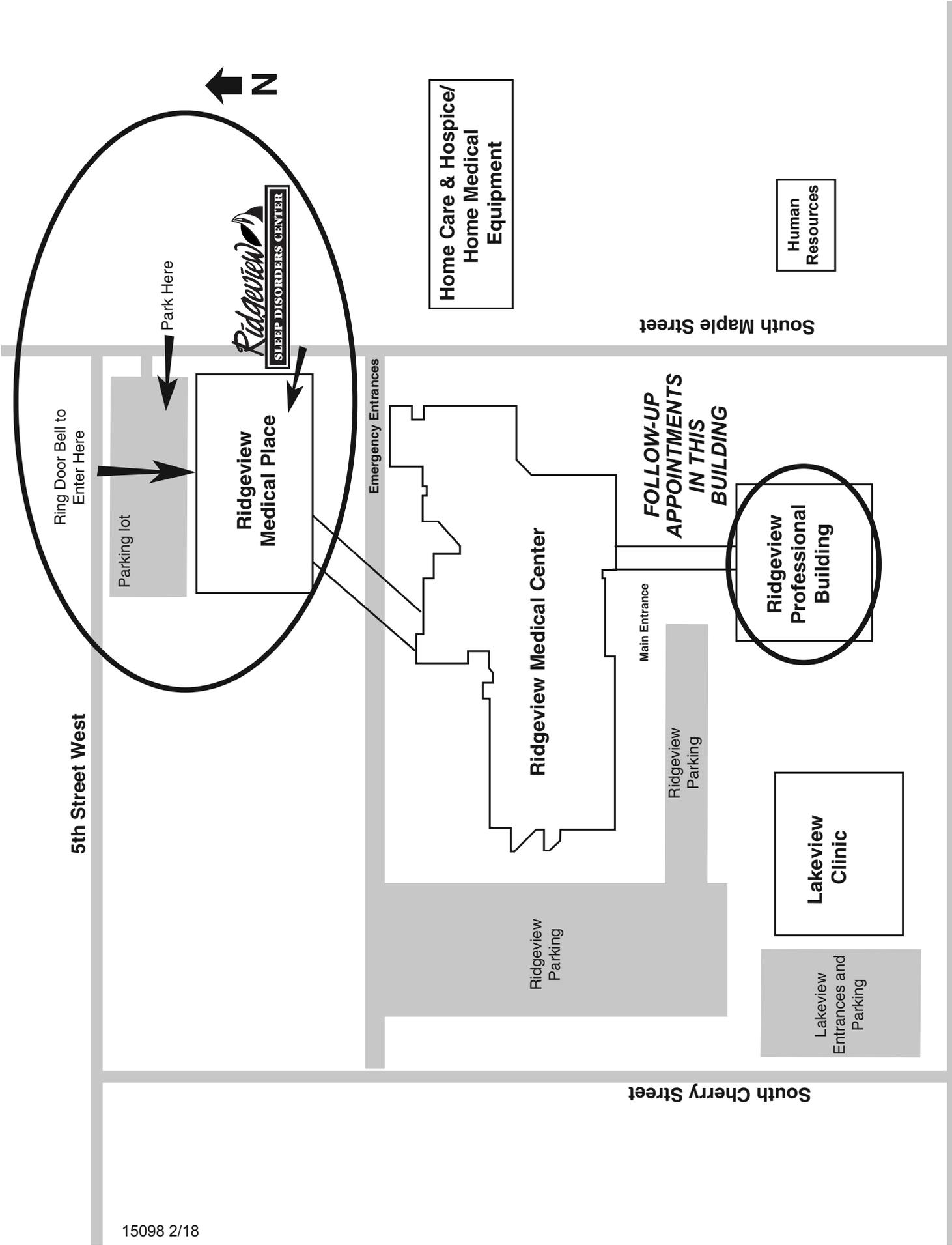
What happens after the sleep study?

After your study, the technologist will give you a very general overview of observations of your study. The entire sleep study will be reviewed in detail at your follow up appointment with the sleep physician. You will not see the sleep physician the morning of your study.

Depending on the outcome of the study (if you need to be treated with a CPAP) and your desired course of treatment, you will need to make an appointment with a Home Medical Equipment Company. Ridgeview Home Medical Equipment (RHME) is located in Waconia. You will meet with Ridgeview Home Medical Equipment for a 1 hour session of education on CPAP, Mask, Equipment setup and instructions. They can be reached at (952) 442-2283 for an appointment.

Summary...

A sleep study is somewhat like spending a night in a hotel. The difference is that for a sleep study, you will have several sensors attached to your body and someone will be observing your sleep. Most patients fall asleep quickly. We hope that your experience at the sleep center is a positive one. If you have any further questions, please contact us before your study at 952-442-8080.





Pulmonary & Sleep Medical Information

Name _____

Date of Birth _____

or Patient Label

Age: _____ Ht. _____ Wt. _____

Referring Provider/Location: _____

Primary Care Provider/Location: _____

Preferred Pharmacy/Location: _____

Instructions: Please complete as much as possible of the information requested below before coming to your appointment. This information is, and will be kept, strictly confidential. It will help your physician understand all your medical problems and prior history better, which is essential to providing good medical care.

Reason for visit: _____

PAST MEDICAL HISTORY: Please indicate if you have been diagnosed as having any of the illnesses below. Enter approximate year of initial diagnosis if you remember.

	Yes	No	Year		Yes	No	Year		Yes	No	Year
Emphysema or COPD				Hypertension (high blood press.)				Diabetes			
Chronic Bronchitis				Heart Attack				Blood Clots (legs or lungs)			
Asthma				Angioplasty				Stroke			
Tuberculosis				Heart Failure				Cancer (enter organ below)			

Past Surgical History: List all previous surgeries and year done. _____

Allergies: Please list allergies to any medications. If you are allergic to X-ray contrast, please indicate so also. _____

Medication List (or attach Medication List): _____

SOCIAL HISTORY: Any concerns for your safety? _____

Smoking History: current / former / never Packs per day? _____ How many years? _____ Quit (year): _____

Vape use? _____ Smokeless Tobacco use? _____ Second-hand Smoke Exposure? _____

Alcohol Consumption: What type? _____ How often? _____

Caffeine Consumption: What type? _____ How often? _____

Pets/birds? _____

FAMILY HISTORY: Please indicate if the illnesses below are present in your **immediate family** (parents, brothers or sisters).

Illness	X	Relative affected
Diabetes		
Heart Attack		
Lung Cancer		

Illness	X	Relative affected
Emphysema or COPD		
Asthma		
Stroke		

OCCUPATIONAL HISTORY: What type of work do you currently do? _____

Have you worked with asbestos, silica or coal in the past? _____ When? _____

IMMUNIZATIONS: Flu Vaccine? Pneumonia Vaccine?

OVER →

Place a checkmark if you are bothered by any of the following symptoms frequently or constantly:

	<u>Yes</u>	<u>No</u>	<u>Physician's Comments:</u>
Constitutional			
Fever?.....	_____	_____	
Weight loss or weight gain?.....	_____	_____	
ENT			
Congestion of nose?.....	_____	_____	
Frequent "runny" nose?.....	_____	_____	
Post nasal drip?.....	_____	_____	
Hoarseness?.....	_____	_____	
Pulmonary/Sleep			
Wheezing?.....	_____	_____	
Shortness of breath at rest?.....	_____	_____	
Shortness of breath with activities?.....	_____	_____	
Cough?.....	_____	_____	
Sputum or phlegm production?.....	_____	_____	
Snoring?.....	_____	_____	
Sleepy during the day?.....	_____	_____	
Cardiac/Vascular			
Chest pain with exertion?.....	_____	_____	
Leg cramps with walking?.....	_____	_____	
GI			
Nausea and/or vomiting?.....	_____	_____	
Frequent heartburn?.....	_____	_____	
Bloody or tarry stools?.....	_____	_____	
Change in bowel habits?.....	_____	_____	
GU			
Up frequently at night to urinate?.....	_____	_____	
Trouble urinating?.....	_____	_____	
Muscular/Skeletal			
Pain in joints or elsewhere keeping you from sleeping?.....	_____	_____	
Neurologic			
Frequent headaches?.....	_____	_____	
Sudden loss of vision?.....	_____	_____	
Blood/Lymph			
Easy bruising?.....	_____	_____	
Enlarged lymph nodes?.....	_____	_____	

<i>Below for Physician's use only.</i>
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Other symptoms are negative?..... _____

Reviewing Physician's signature _____

Date _____

Please complete the questions below as accurately as possible.
When appropriate, fill in blanks, check, underline or circle best answer.

1. If you are currently employed, what shift do you work? 1st 2nd 3rd Rotating
2. What time do you go to sleep? _____
3. What time do you wake up? _____
4. How many times do you awaken during your sleep? _____ Why? _____
5. Do you feel rested when awakening? Yes No
6. Do you nap during the day? Yes No
7. If you do nap, estimate frequency: daily _____ times per week rarely
8. If you do nap, how long is your typical nap? _____
9. Do you perspire during sleep? Yes No
10. Do you snore? Yes No If yes, for how long? _____ years and/or _____ months
11. Has your bed partner ever said you stop breathing during sleep? Yes No
If yes, for how long? _____ years and/or _____ months
12. Do you ever awaken from sleep “gaspings” for breath or “choking”? Yes No
13. Do you often feel sleepy during the day? Yes No
If yes, for how long? _____ years and/or _____ months
14. Have you ever fallen asleep driving a vehicle (or nearly so)? Yes No
15. Ever had a car or work accident because of sleepiness? Yes No
16. Do you fall asleep easily during quiet activities (reading, TV, etc.)? Yes No
17. Are you often tired during the day? Yes No If yes, for how long? _____ years and/or _____ months
18. Is your sleep restless? Yes No
19. Have you ever had a sudden “irresistible” sleep attack? Yes No
20. Do you ever suddenly feel very weak when laughing, sad, angry or otherwise excited (in the knees, neck, arms or all over)? Yes No
21. Do you ever feel you cannot move (for a brief period) just as you are falling asleep or when awakening? Yes No
22. Do you think you hallucinate when falling asleep or awakening? Yes No
23. Do you often experience confusion or poor memory during the day because you are too sleepy or tired? Yes No

Ridgeview Sleep Disorders Center
DAYTIME SLEEPINESS QUESTIONNAIRE

#15067 1/19 (Side 1)

OVER →



3PQ

Name _____

Age: _____

Gender: [] Male [] Female

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the *most appropriate number* for each situation:

- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

Situation

Chance of Dozing

Sitting and reading

Watching TV

Sitting, inactive in a public place (e.g., a theater or a meeting)

As a passenger in a car for an hour without a break

Lying down to rest in the afternoon

Sitting and talking to someone

Sitting quietly after a lunch without alcohol

In a car, while stopped for a few minutes in traffic

TOTAL

Thank you for your cooperation.

Ridgeview Sleep Disorders Center

DAYTIME SLEEPINESS QUESTIONNAIRE

#15067 1/2007 (Side 2)