



### TECHNICAL IMPRESSION

**NAME:** Joe Snores

**D.O.B.** 07/18/1957

**HT:** 5'7"

**WT:** 220

**SEX:** Male

**MEDICATIONS:** None listed

**SIGNS and SYMPTOMS:** Patient has prior diagnosis of Obstructive Sleep Apnea.

**EPWORTH SLEEPINESS SCALE:** 14

**REFERRING PHYSICIAN:** Better Sleep, M.D.

**STUDY TYPE / DATE:** CPAP 11/09/2004

### RECORDING PROTOCOL:

1. EEG (C3-A2, C4-A1, O1-A2, O2-A1)
2. EOG (right + left)
3. EMG (submental, right + left anterior tibialis)
4. EKG (2 lead)
5. SNORE MIC.
6. RESPIRATORY EFFORT (chest + abdominal)
7. RESPIRATORY FLOW ( nasal/oral thermistor)
8. OXYGEN SATURATION (pulse oximetry)
9. Continuous technical observation and notation.
10. Data recorded on Somnologica ver. 3.1.2
11. Sleep staging, respiratory disturbances and PLMS manually scored.
12. Other data tabulated by computer and verified by technologist.

**NAME:** Joe Snores  
**PAGE:** 2  
**D.O.T.:** 11/09/2004

<b>SLEEP ARCHITECTURE</b>	<b>PSG</b>	<b>CPAP</b>	<b>NORMAL</b>	<b>SD</b>
TIME IN BED:	383.0	408.0	429.1	39.17
TOTAL SLEEP TIME:	356.0	364.0	389.1	46.5
SLEEP EFFICIENCY:	93%	89%	91 %	6 %
SLEEP LATENCY:	11.0	16.0	10.0	7.87
WAKE %:	3.9	7.1	6.29	5.56
STAGE 1 %:	8.8	3.2	7.56	3.03
STAGE 2 %:	68.5	49.2	54.75	11.14
STAGE 3 %:	0	9.9	(3 + 4)	(3 + 4)
STAGE 4 %:	0	0	8.54	6.84
REM %:	22.6	37.8	22.85	4.0
REM LATENCY:	71.5	59.5	71.65	32.77

<b>RESPIRATORY EVENTS</b>	<b>PSG</b>	<b>CPAP</b>	<b>NORMAL</b>
OBSTRUCTIVE APNEAS:	66	0	
HYPOPNEAS:	84	18	
CENTRAL APNEAS:	0	0	
MIXED APNEAS:	0	0	
TOTAL EVENTS:	150	18	
RDI:	25.3	3.0	< 5 / hr.
REM RDI:	10.4	1.3	< 5 / hr.
SUPINE RDI:	50.4	3.0	< 5 / hr.

<b>OXYGEN (SpO<sub>2</sub>)</b>	<b>PSG</b>	<b>CPAP</b>	<b>NORMAL</b>
BASELINE:	91%	94%	> 92 %
LOW:	76%	90%	> 92 %

<b>MISCELLANEOUS</b>		<b>PSG</b>	<b>CPAP</b>	<b>NORMAL</b>
BLOOD PRESSURE	PRE:	108/68	122/68	< 140 / 90
	POST:	114/78	112/60	< 140 / 90
# of PLMS:		0	0	
PLMS INDEX:		0.0	0.0	
# of AROUSALS:		142	29	
AROUSAL INDEX:		23.9	4.8	

**NAME:** Joe Snores  
**PAGE:** 3  
**D.O.T.:** 11/09/2004

**TECHNICAL IMPRESSION:**

The patient appeared to have improvement of both sleep quality and Obstructive Sleep Apnea. The respiratory events were reduced from 150 to 18 with the RDI reduced from 25.3 / hr. to 3.0 / hr. The average SaO2 increased from 91% to 94% and the low increased from 76% to 90%. The patient appeared to have an increase of stage 3/4 sleep from 0% to 9.9%. The patient appeared to have an increase of REM sleep from 22.6% to 37.8%. The patient was titrated to a pressure of 12cwp but a pressure of 10cwp appears to eliminate the majority of his respiratory disturbances as well as snoring and O<sub>2</sub> desaturations.

**DIAGNOSIS:**

Moderate Obstructive Sleep Apnea 780.53  
 Hypoxemia

**RECOMMENDATIONS:**

Nasal CPAP of 10cwp is recommended.  
 The patient needs to regulate his sleep pattern and avoid alcohol, tranquilizers and hypnotics prior to bedtime.  
 Weight loss to an ideal body weight is recommended.  
 A chin strap is recommended to help eliminate mouth breathing or venting.

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**Better Sleep, M.D.**

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**DATE**