



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 presents with heavy snoring, gasping, high blood pressure, loss of energy, and daytime sleepiness.

EPWORTH SLEEPINESS SCALE: 14

REFERRING PHYSICIAN: Better Sleep, M.D.

STUDY TYPE / DATE: PSG 10/06/2004

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.

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SLEEP ARCHITECTURE	PSG	NORMAL	SD
TIME IN BED:	383.0	429.1	39.17
TOTAL SLEEP TIME:	356.0	389.1	46.5
SLEEP EFFICIENCY:	93%	91 %	6 %
SLEEP LATENCY:	11.0	10.0	7.87
WAKE %:	3.9	6.29	5.56
STAGE 1 %:	8.8	7.56	3.03
STAGE 2 %:	68.5	54.75	11.14
STAGE 3 %:	0	(3 + 4)	(3 + 4)
STAGE 4 %:	0	8.54	6.84
REM %:	22.6	22.85	4.0
REM LATENCY:	71.5	71.65	32.77

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

OXYGEN (SpO₂)	PSG	NORMAL
BASELINE:	91%	> 92 %
LOW:	76%	> 92 %

MISCELLANEOUS		PSG	NORMAL
BLOOD PRESSURE	PRE:	108/68	< 140 / 90
	POST:	114/78	< 140 / 90
# of PLMS:		0	
PLMS INDEX:		0.0	
# of AROUSALS:		142	
AROUSAL INDEX:		23.9	

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The patient appeared to have poor sleep quality that was shallow and fragmented by 142 arousals. The patient appeared to have 150 respiratory events with a RDI = 25.3 / hr. Which increased to 50.4 / hr. during supine sleep. The average SaO2 was 91% with a low SaO2 of 76%.

DIAGNOSIS:

Moderate Obstructive Sleep Apnea 780.53
Hypoxemia

RECOMMENDATIONS:

A second nocturnal polysomnogram with a nasal CPAP titration 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.
If the patient does not tolerate or refuses to use CPAP then alternative options such as ENT surgery or a dental device may be considered for the treatment of the OSA.

Better Sleep, M.D.

DATE