



Home Sleep Test Interpretation

Patient Information

Jane Sampleton
DOB: 12/25/1905 | Gender: Female
Study Date: 11/20/2014 | AHI: 16
Ht: 5 (Ft) 3 (In) Wt: 185lbs BMI: 32.77

Ordering Physician

John Pepper, MD
NPI: 147258369
Phone: (352) 293-2810
Fax: (352) 274-9122

HME Supplier (Local PAP Provider)

CPAP Supplier USA
Phone: (352) 293-2810
Fax: (727) 264-2117

Indication for Home Sleep Test: Suspected OSA, Excessive daytime sleepiness, Hypertension, History of Stroke

Impression

1. Moderate obstructive sleep apnea but AHI = 5 during some = 10 min periods which are associated with O2 desaturations
2. Central apneas are occasional (<5/hr)
3. Mild O2 desaturation (the lower SpO2 spikes may be artifacts)
4. Snoring is Mild and occasionally associated with flow limitation ,frequent flow limitation
5. Pulse rate is mostly normal (40-100 bpm)
6. Overall data quality is adequate to support impression and recommendations

Suggestions⁶

1. Auto CPAP (APAP): See footnotes 2 and 4
2. Advise follow up with treating physician
3. Follow up overnight oximetry while on APAP
4. If APAP is chosen, recommended settings are:4 Min 20 Max

Additional Comments

Avoid driving or operating heavy machinery when drowsy or feeling sleepy.

Other Suggestions; that may be applicable⁶

- Weight loss under medical supervision & consider repeat diagnostic sleep test for 20% weight change / Review medications (e.g. stimulants and sedatives) / Instruct in good sleep hygiene / Avoid caffeine, alcohol, tobacco & respiratory depressants at bedtime / Caution against driving or operating machinery if sleepy / Advise patient about consequences of untreated sleep apnea
- 1 This Level III home sleep study was performed using a ResMed ApneaLink Air; a 4-channel screening device subject to limitations. Depending on actual total sleep time (not measured), the AHI (sum of apneas and hypopneas/hr) and the severity of sleep apnea may be underestimated & the severity of sleep apnea may also be underestimated due to the lack of supine and/or REM sleep.
 - 2 If APAP is considered, data downloads from the APAP unit should be reviewed to document adherence, leak, & respiratory events; the physician should adjust the APAP appropriately. If download data indicates APAP pressures > 16 cm H2O and/or there is not acceptable clinical improvement, consider a facility-based CPAP titration and/or referral to a sleep specialist.
 - 3 If an Oral Appliance is prescribed, an overnight oximetry is recommended after initial & subsequent adjustments until SpO2 is corrected or maximum possible adjustment has been reached followed by a repeat Sleep Test. If the sleep apnea and SpO2 are not adequately corrected (e.g. AHI < 5 or SpO2 > 89%) or patient is still symptomatic (e.g. abnormal sleep patterns, sleepiness, excessive snoring) consider APAP or attended PAP titration and/or referral to a sleep specialist.
 - 4 If O2 desaturation during the home sleep test (HST) is clinically significant in the opinion of the patient's physician and the implementation of APAP or an Oral Appliance is based on the HST, consider an overnight oximetry during APAP or use of the Oral Appliance to assure improvement of SpO2 and if SpO2 is not corrected by APAP or Oral Appliance consider pulmonary function.
 - 5 An attended PSG is recommended when AHI (based on HST) < 5 in patients at risk for sleep apnea or if frequent central apneas occur. If AHI is >=5 attended CPAP or Split Titration may be indicated based on the occurrence of central apneas and/or the degree of OSA or desaturation. The occurrence of frequent central apneas or Cheyne-Stokes Respiration (CSR) can indicate cardiac or neurological disease and Adaptive Servo Ventilation (ASV) Titration and/or cardiac and/or neurological evaluation, and/or consultation by a sleep specialist may be indicated. If AHI < 5 and upper airways resistance syndrome (UARS) is suspected, consider an attended PSG and/or if CPAP/APAP does not minimize snoring consider ENT evaluation.
 - 6 Implementation of any suggestion is the decision of the patient's physician based on their overall clinical knowledge of the patient.
 - 7 The HST Shipping & Billing have been provided & completed by ADSI, a Medicare Certified IDTF licensed in CA & FL.
 - 8 I attest that I have reviewed the raw data and that the above impression & suggestions are based on my personal evaluation of this study. I have personally reviewed & approved this Home Sleep Test report.

Interpreting Physician – Board Certified in Sleep Medicine

Electronically signed & Interpreted By: Sleep Doctor, MD
NPI: 1234567890

Interpretation & Signature Date: 11/24/2014

A copy of this doctor's board certification is available upon request.

Sleep Doctor, MD



Home Sleep Test Report

Nationally Certified Medicare IDTF

| Patient Information | | Study Date: [REDACTED] 2020 | |
|---------------------|------------|-----------------------------|-------------------------------|
| Patient Name: | [REDACTED] | Recording Device: | Alice NightOne – Type III HST |
| Sex: | [REDACTED] | Height: | in. |
| D.O.B.: | [REDACTED] | Weight: | lbs. |
| Age: | [REDACTED] | B.M.I.: | lb/in ² |

| Times and Durations | | | |
|------------------------|-------------|-----------------------------|---------------|
| Lights off clock time: | 11:49:26 PM | Total Recording Time (TRT): | 509.0 minutes |
| Lights on clock time: | 8:18:26 AM | Time in Bed (TIB): | 509.0 minutes |
| | | Monitoring Time (MT): | 470.5 minutes |

Device and Sensor Details

This study was recorded on a Philips Respironics Alice NightOne device using 1 RIP effort belt & a pressure-based flow sensor. The heart rate is derived from the oximeter sensor & the snore signal is derived from the pressure sensor. The device records body position & uses it to determine the monitoring time (sleep/wake periods). **Analysis Parameters:** Apnea [20%; 10s; 80s; 1.0s; 20%; 60%; 8%]; Hypopnea [70%; 10s; 100s; 1.0s]; Snoring [6.0%; 0.3s; 3.5s; 0.5s]; Desaturation [4.0%]

| Summary | | | |
|-----------------|--------------------------|-----------------|---------------------------------|
| AHI: 7.3 | Desat Index: 15.3 | CAI: 0.0 | SpO₂ Low: 65% |

| Respiratory Events | | | | | | | | | |
|-------------------------|----------------|-------------------|---------------------|--------------------|-------------------------|-------|------|--------------|-------------|
| | Index (#/hour) | Total # of Events | Mean duration (sec) | Max duration (sec) | # of Events by Position | | | | |
| | | | | | Supine | Prone | Left | Right | Up |
| Central Apneas | 0.0 | 0 | 0.0 | 0.0 | 0 | | | 0 | 0 |
| Obstructive Apneas | 2.9 | 23 | 18.2 | 44.5 | 23 | | | 0 | 0 |
| Mixed Apneas | 0.0 | 0 | 0.0 | 0.0 | 0 | | | 0 | 0 |
| Hypopneas | 4.3 | 34 | 19.8 | 33.5 | 32 | | | 2 | 0 |
| Apneas + Hypopneas | 7.3 | 57 | 19.1 | 44.5 | 55 | | | 2 | 0 |
| Total | 7.3 | 57 | 19.1 | 44.5 | 55 | | | 2 | 0 |
| Time in Position | | | | | 306.1 | | | 161.3 | 31.3 |
| REI in Position | | | | | 10.9 | | | 0.7 | 0.0 |

| Oximetry Summary | | |
|---|------------|------------|
| SpO ₂ | Dur. (min) | % TIB |
| <90 % | 80.1 | 15.7 |
| <85 % | 33.9 | 6.7 |
| <80 % | 6.1 | 1.2 |
| <70 % | 0.6 | 0.1 |
| Total Dur (min) < 89 | | 65.5 min |
| Average (%) | | 91 |
| Total # of Desats | | 117 |
| Desat Index (#/hour) | | 15.3 |
| Desat Max (%) | | 21 |
| Desat Max dur (sec) | | 77.0 |
| Lowest SpO₂% during sleep | | 65% |
| Duration of Min SpO ₂ (sec) | | 8 |
| Highest SpO₂ % during sleep | | 98% |
| Duration of Max SpO ₂ (sec) | | 46 |

| Heart Rate Stats | |
|-------------------------|------------|
| Mean HR during sleep | 79.9 (BPM) |
| Highest HR during sleep | 126 (BPM) |
| Highest HR during TIB | 126 (BPM) |
| Lowest HR during sleep | 64 (BPM) |
| Lowest HR during TIB | 64 (BPM) |

| Snoring Summary | |
|-----------------------------|--------------|
| Total Snoring Episodes | 167 |
| Total Duration with Snoring | 41.9 minutes |
| Mean Duration of Snoring | 15.1 seconds |
| Percentage of Snoring | 8.9% |

