



Home Sleep Test Interpretation

Patient Information

DOB: [REDACTED] | Gender: Male
 Study Date: 01/21/2022 | AHI: 17
 Ht: [REDACTED] (Ft) | (In) Wt: [REDACTED] lbs BMI: 39.98

Ordering Physician

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HME Supplier (Local PAP Provider)

HME Unknown
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Indication for Home Sleep Test: Suspected OSA, Excessive daytime sleepiness

Impression

1. Moderate obstructive sleep apnea
2. Central apneas are occasional (<5/hr)
3. Severe O2 desaturation
4. Snoring is frequent
5. Pulse rate is mostly normal (40-100 bpm) ;higher rate spikes are probably artifacts
6. Overall data quality is adequate to support impression and recommendations

Suggestions⁶

1. Attended CPAP Titration: See footnote 5
2. See other suggestions below
- 3.
4. If APAP is chosen, recommended settings are:9 Min 20 Max

Additional Comments

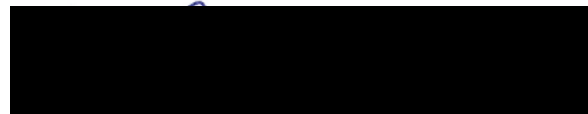
AHI based on recording time underestimates OSA if sleep efficiency low. Some areas show more frequent events not reflected in average AHI. Titration preferable Re degree OSA & desaturation. If APAP used consider overnight oximetry during Rx. If SpO2 not corrected or no clinical improvement consider titration

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: [REDACTED]
 NPI: [REDACTED]
 Interpretation & Signature Date: 01/25/2022
 A copy of this doctor's board certification is available upon request.





Home Sleep Test Report

Nationally Certified Medicare IDTF

Patient Information		Study Date: 1/21/2022	
Patient Name:	[REDACTED]	Recording Device:	ResMed ApneaLink Air – Type III HST
Sex:	M	Height:	in.
D.O.B.:	[REDACTED]	Weight:	lbs.
Age:	74 years	B.M.I.:	lb/in ²

Times and Durations			
Lights off clock time:	12:12:02 AM	Total Recording Time (TRT):	461.4 minutes
Lights on clock time:	7:53:26 AM	Time in Bed (TIB):	461.4 minutes
		Monitoring Time (MT):	461.4 minutes

Device and Sensor Details

This study was recorded on a ResMed ApneaLink Air device using 1 effort belt & a pressure-based flow sensor. The heart rate/oxygen saturation 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: 17.0	Desat Index: 14.6	CAI: 0.1	SpO₂ Low: 68%

Respiratory Events									
	Index (#/hour)	Total # of Events	Mean duration (sec)	Max duration (sec)	# of Events by Position				
					Supine	Prone	Left	Right	Up
Central Apneas	0.1	1	14.0	14.0					
Obstructive Apneas	5.7	44	24.4	63.0					
Mixed Apneas	0.0	0	0.0	0.0					
Hypopneas	11.2	86	29.5	89.0					
Apneas + Hypopneas	17.0	131	27.6	89.0					
Total	17.0	131	27.6	89.0					
Time in Position									
REI in Position									

Oximetry Summary		
SpO ₂	Dur. (min)	% TIB
<90 %	36.9	8.0
<85 %	14.8	3.2
<80 %	7.4	1.6
<70 %	0.3	0.1
Total Dur (min) < 89		29.2 min
Average (%)		93
Total # of Desats		112
Desat Index (#/hour)		14.6
Desat Max (%)		27
Desat Max dur (sec)		164.0
Lowest SpO₂% during sleep		68%
Duration of Min SpO ₂ (sec)		6
Highest SpO₂ % during sleep		100%
Duration of Max SpO ₂ (sec)		22

Heart Rate Stats	
Mean HR during sleep	66.4 (BPM)
Highest HR during sleep	218 (BPM)
Highest HR during TIB	218 (BPM)
Lowest HR during sleep	50 (BPM)
Lowest HR during TIB	50 (BPM)

Snoring Summary	
Total Snoring Episodes	0
Total Duration with Snoring	minutes
Mean Duration of Snoring	seconds
Percentage of Snoring	%

