



Pulmonary and Sleep Center of New England

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3353 Mendon Rd. Suite #3 Cumberland, RI 02864 | P: 401-405-0899 | F: 401-405-0890

Sleep Study Patients

Name: _____ Date of Study: ____/____/____

You will receive a call from our benefits department to confirm your sleep study on the day of your study.

If you do not get a confirmation call by 4:00pm on the scheduled study date, please give our office a call to reschedule.

Please note: All sleep studies are subject to change

Arrive at the Sleep Lab at **8:30pm** on the appointed date. Parking is available directly behind the building at **3353 Mendon Road in Cumberland, RI**

When you arrive, please press the buzzer, found on the left side of the door, to alert the sleep technician of your arrival. If there is no response, please call the sleep technician at **(401)-405-0899** and they will let you in the building at the Main Entrance (side of the building facing St Joan of Arc Church).

48 HOURS NOTICE IS REQUIRED FOR CANCELLATION

Pulmonary and Sleep Center of New England is committed to providing all of our patients with exceptional care. When a patient cancels without giving enough notice, they prevent another patient from being seen. In the event you need to cancel or reschedule your sleep study, please kindly give our office 48 hours' notice. **You must call 48 before otherwise you will be charged \$200.00 for the missed appointment and we will not book you again.**

PULMONARY AND SLEEP CENTER OF NEW ENGLAND

SLEEP STUDY CONSENT FORM

My physician has informed me that I need a sleep study performed, specifically

(Name of test)

in the interest of my health and proper medical care.

My physician has explained the sleep study to me and the benefits and risks of having the test performed.

My physician has explained to me that I may need nasal CPAP (Continuous Positive Airway Pressure) therapy during the sleep study.

I have had the opportunity to ask questions, and I consent to the sleep therapy.

Signature of patient: _____

Date: _____

Time: _____ AM/PM

Signature of Parent/Guardian/Conservator: _____

Indicate Relationship: _____

Witness: _____

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If you need to reschedule your study, please make every attempt to notify us at least 48 hours in advance at 401-405-0899. There will be a \$200.00 charge for not showing without notifying us in 48 hours.

Time and Location:

A Sleep Technician will be there at exactly 8:30 pm. The front doors will be locked; the buzzer on your left can be used to notify the sleep tech of your arrival; the phone number to call is also posted on the door; when you call, the Technician will come down to let you in.

Why did my doctor order a sleep study?

A Sleep Study (Polysomnogram or PSG) measures your breathing, heart rate, oxygen levels, and brain waves (EEG) during sleep. It helps indicate why your sleep may not be restful and it can help find the cause of snoring & daytime sleepiness. The test is also used to diagnose sleep apnea. Many times during the night, people who have sleep apnea stop breathing or have shallow breathing. Common symptoms of sleep apnea are daytime sleepiness, snoring, headaches, high blood pressure, memory loss, difficulty concentrating and impotence. Patients who have narcolepsy, restless legs at night or seizures may also benefit from sleep studies.

What should I expect to happen during the night?

Your bedroom will be a private room with a full size bed, in lab restroom facilities, and a TV. Rooms with handicapped equipment are available also. Wires will be attached to the skin on your face, scalp, and legs (similar to an EKG or EEG). Stretchy cloth belts are loosely placed around your chest and stomach. The wires and belts send signals to a computer. The computer records the depth of your sleep, heart rate, breathing rate, and oxygen levels. A video camera records your movements during sleep. The Sleep Technologist will be available all night for further assistance.

What should I do to prepare/bring for the study?

- Avoid caffeinated beverages **after** 10:00 AM or alcohol on the day of your study.
- Bring a 2 piece pajama or lounge set such as a T-Shirt and gym pants or shorts.
- Please shower before you come (do not apply lotion).
- You may bring a light snack, and/or reading material (cable TV is provided).
- If you use CPAP or BIPAP, you may bring your mask and headgear if you wish.
- Bring any medication you normally take at night or upon waking.
- Please complete the enclosed questionnaire and bring it with you the night of the study.
- Please bring your insurance card(s) and a photo ID.
- Plan on leaving between 5-7 am.
- If you do need to be out at a specific time in the morning, please let the sleep technician know
- If you were prescribed a sleeping pill, please bring it with you and a technician will direct you when to take it if necessary.

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Overnight Sleep Studies

What to expect during your stay at a sleep disorders facility

Introduction:

A visit to a sleep disorders facility for a sleep study is likely to be a new experience for you. A sleep study, or polysomnogram, (somnus + sleep) is a recording that includes various measurements used to help identify and diagnose sleep disorders. This brochure will help you learn more about sleep testing procedures so that your experience will be pleasant.

Why do I need a sleep study?

A laboratory sleep study is considered the “gold standard” to accurately diagnose sleep disorders. In order to fully understand your sleep, various brain activities and body systems and their relationships will be observed throughout the night. After the study, a sleep specialist will review and interpret the record to help you and your healthcare professional understand your specific sleep patterns and sleep problems. Treatment recommendations will be made if evidence of a sleep disorder is found.

Sleep

Sleep is not a simple process. Many parts of the brain control sleep and its different stages. These levels or stages of sleep include drowsiness, light sleep, deep sleep, and dream sleep. It is possible to identify which stage of sleep a person is in by measuring different activities of the brain and body.

Preparing for the sleep study

On the day of your sleep study, avoid caffeine (coffee, tea, cola, and chocolate) after 10:00am and try not to nap. Avoid alcohol unless otherwise directed by your sleep specialist. Before coming to the sleep center, wash your hair with shampoo only and dry your hair. Do not apply hair products such as hair sprays, oils, or gels.

Should I take my medication as usual?

It is important for your sleep professional to know if you are taking any prescribed or over-the-counter medication, since certain medications can affect sleep and the interpretation of a sleep study. 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 medication without discussing it with your healthcare professional.

Before coming to the center, you should pack an overnight bag, as you would for an overnight stay at a hotel or a friend's house. You may wish to include your own pillow and extra clothing. Bring your medications if you will need them in the time you are away from home. If you have special needs, advise the sleep center personnel so they can accommodate you.

What will happen when I arrive at the sleep center?

When you arrive at the center at 8:30pm, the technician will greet you and show you to your room. You will then be shown the equipment that will be used and given a chance to ask questions. You should inform the technician of any changes in your sleep or specific difficulties you have not already discussed with your healthcare professional. There may be some paperwork for you to complete.

You will have time to change into night clothes and get ready for bed as you do at home. There may be a waiting period before the technician starts getting you ready for the sleep study, and you can relax during this time. If you have a commitment in the morning (if, for example, you have to be at work at a certain time), be sure to inform the sleep technician prior to your study so your wake-up time can be confirmed.

Next, approximately two dozen sensors which are generally small metal disc (called electrodes) are applied to the scalp and body using special adhesive. These sensors monitor the activities that go on in your body during sleep. These activities include brain waves, muscle movements, eye movements, breathing through your mouth and nose, snoring, heart rate, and leg movements. Flexible elastic belts around your chest and abdomen measure your breathing. A clip on your finger or earlobe monitors the level of oxygen in your blood and your heart rate. None of these devices are painful and all are designed to be as comfortable as possible. The electrodes may feel strange on your skin at first, but most people do not find them uncomfortable or an obstacle to falling asleep.

The sleep specialist recognizes that your sleep in the center may not be exactly like your sleep at home. This usually does not interfere with obtaining the necessary information from your sleep study in order to arrive at an accurate diagnosis.

If you have questions or concerns about the application of the electrodes (if, for example, you use a hearing aid, wear a hairpiece or are sensitive to certain chemicals), contact your doctor or speak with the technician before you arrive at the center.

How will I be able to sleep in a strange environment with all those wires on me?

This is the question asked frequently by patients prior to their sleep studies. Many people expect the sleep center to be cold, bright, technical and impersonal looking. At most sleep centers, however, the surrounding (and especially the bedrooms) are homey and comfortable, like a hotel room. Most patients fall asleep quickly. Some sleep disorder centers offer medication to patients who have significant difficulty falling asleep.

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. They 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 the electrode wires are gathered together in a kind of ponytail behind your head. You should feel free to sleep in your customary position although during the night a sleep technician may ask you to try to spend some time sleeping on your back. Your sleep may also be videotaped for later review of any abnormalities observed during the study.

While you are sleeping, various important body functions and measurements are monitored and recorded. If a breathing problem is observed during your study, the technician may awaken you to ask you to try a device that treats breathing problems during sleep. If this is a possibility for you, your sleep specialist or technician will generally discuss this with you before you go to bed, and the use and purpose of the device will be explained.

The device, called a positive airway pressure (PAP) device, includes a small mask that fits over your nose or soft silicone plugs that fit into your nostrils. If you will be trying PAP during your sleep study night, the technician will usually find a mask in advance that will fit comfortably, and will usually give you a chance to practice with the device before you go to bed.

What if I need to go to the bathroom while I'm hooked up to those wires?

This is actually a very easy task. Because all of the wires which you are attached to are generally plugged into a box, all you need to do is say out loud that you need to go to the bathroom. The technician will hear you and come in and unplug you from the box and you are then free to get up. Most patients have to get up at least once during the night.

What happens if I am scheduled for a nap study?

Sometimes an additional test, called a multiple sleep latency test (MSLT), is needed as part of the overall sleep evaluation. This test requires that you stay at the center for most of the following day for a series of short naps beginning the morning after your overnight study. The naps are scheduled at set intervals throughout the day. Your sleep patterns will be monitored with most of the same recording equipment used the night before. The amount and type of sleep you get during naps can help the sleep specialist understand complaints of sleepiness better and make decisions about specific sleep disorders and treatments.

Be sure to find out whether you will be staying at the center the next day so you can plan ahead. Call the center in advance to find out specific breakfast and lunch arrangements and the approximate time you will be able to leave. You may also want to ask about watching TV or videos between naps.

What happens after my sleep study?

The sleep study analysis and interpretation are part of a complex process. Many hours of work are required by specially trained professionals in order to fully understand the significant amount of data gathered from you during the night. A sleep technologist processes or “scores” the large amount of data recorded during the study. A sleep specialist with special knowledge of sleep and its disorder then interprets the information. A typical sleep study comprises approximately 1000 pages of data of various kinds (for example, brain waves, muscle movements, and eye movements) that must be reviewed in detail. Because this is a time-consuming and labor-intensive process, sleep studies are usually not evaluated immediately and it may take some time to receive the results of the study. A representative from the sleep center should be able to give you an idea when the results will be available.

The feedback you receive after your sleep study varies from center to center. You will likely receive feedback from your sleep disorders specialist in the form of follow-up appointments or telephone calls. If your sleep specialist is not your regular healthcare professional, you should also have a face-to-face appointment with your healthcare provider. Prior to your sleep study appointment, an appointment will be made with you for results. Typically, we book about 1 to 2 weeks out for results.

Summary

A sleep study is somewhat like spending a night in a hotel. The difference is that for a sleep study you’ll have sensors attached to your body and someone will be watching you sleep. Most patients fall asleep quickly. We hope that your experience at the sleep center will be a good one. Understanding the sleep process and the evaluation of the sleep disorders will help you take an active and positive role in your own care.

Pulmonary & Sleep Center of New England
Mohammad Khamiees M.D.

I hereby authorize my health care provider to affix my name to all insurance submissions, documents, and/or information requested by my insurance company(s) relating to any and all health benefits due to my dependents and me.

I also authorize payment of healthcare benefits otherwise payable to me, directly to my doctor as listed above. I understand that I will be held responsible for all charges and services not paid by my insurance company.

Today's Date

Signature of Patient or Insured

Today's Date

Witnessed By

The signature on file (SOF) is valid from this date. A photocopy of this authorization may act as an original.

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Name: _____ Occupation: _____ Date: _____

On a scale of 1 to 10 (10 being the most problematic), how much does sleepiness affect your:

Driving performance: 1 2 3 4 5 6 7 8 9 10

Driving performance: 1 2 3 4 5 6 7 8 9 10

Have you had any driving accidents or "near miss" incidents caused by sleepiness? ___ YES ___ NO

How does it affect your life and daily activities?

Have you had any previous evaluations, examinations, or treatment for this problem? ___ YES ___ NO

If yes, please describe: _____

If employed, what are your working hours? Start: _____ am/pm End: _____ am/pm _____ # of days/week

Do you regularly share a bed? ___ YES ___ NO

Please list any prescribed medication or over the counter medications you are taking; include the medication name, dosage, and how often you are taking it

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

- 1. Sitting and reading..... _____
- 2. Watching TV..... _____
- 3. Sitting inactive in a public place (ex. theater or meeting)..... _____
- 4. As a passenger in a car for an hour without a break..... _____
- 5. Lying down to rest in the afternoon when circumstances permit..... _____
- 6. Sitting and talking to someone..... _____
- 7. Sitting quietly after a lunch without alcohol..... _____
- 8. In a car, while stopped for a few minutes in traffic..... _____

Work Days

Weekends

Average sleep schedule: go to bed at?	_____ am/pm	_____ am/pm
Average sleep schedule: get up at?	_____ am/pm	_____ am/pm
How long does it take you to fall asleep at night?	_____ min/hr	_____ min/hr
How many hours of sleep do you get each night?	_____ hours	_____ hours
How many times do you wake up during the night?	_____ time(s)	_____ time(s)
How long do you stay awake?	_____ min/hr	_____ min/hr
Do you take naps?	___ Y ___ N # of naps ___	___ Y ___ N # of naps ___
Hours of exercise per week:	_____	_____ hours per week

The following is a list of symptoms that may be experienced by people with sleep problems. Please mark those symptoms that you have experienced:

1. Creeping crawling sensation of legs before sleep
2. Dry mouth upon waking up
3. Taking more than 30 minutes to fall asleep on most nights
4. Sudden body weakness or buckling of the knees brought by strong emotions
5. Headaches upon waking up
6. Feeling paralyzed when going to sleep
7. Waking up during the night and having a hard time falling back asleep
8. Sleepwalking
9. Disturbing dreams
10. "Restlessness of legs" when lying down before sleep
11. My family complains about my snoring
12. Forgetfulness or decreased concentrating
13. Difficulty sleeping away from home
14. Sweating during the night
15. Seeing or hearing things when trying to fall asleep
16. Waking up with a choking or gasping sensation
17. Nighttime panic attacks
18. Nasal congestion, obstruction or discharge at night
19. Bed partner unable to sleep with you

For each of the beverages listed, write in the average number you drink PER day

	<u>Work Days</u>	<u>Days Off</u>
Regular coffee	_____ cups (8oz.)/day	_____ cups (8oz.)/day
Tea	_____ cups (8oz.)/day	_____ cups (8oz.)/day
Caffeinated soft drinks	_____ glass (12oz.)/day	_____ glass(12oz.)/day
Beer	_____ can/bottle (12oz.)/day	_____ can/bottle(12oz.)/day
Wine Cooler	_____ cups/day	_____ cups/day
Wine	_____ glass (12oz.)/day	_____ glass (12oz.)/day
Liquor	_____ shots/day	_____ shots/day

Have you had your tonsils removed? Yes No

Please list any other surgeries you've had? _____

Have you been hospitalized for other reasons? Yes No Why: _____

Any family history of sleeping problems? Yes No

Any family history of the following:

Heart Disease: Yes No **Stroke:** Yes No **Cancer:** Yes No

Please read this list of body systems. If you recently had any of these problems, please **CIRCLE** them. You may use blank spaces to describe the problem or add symptoms you may have.

CONSTITUTIONAL: fever change in weight

EYES: change in vision

EARS, NOSE, THROAT: trouble hearing sinus problem trouble speaking trouble swallowing

CARDIOVASCULAR: chest pain irregular heartbeat heart attack high blood pressure stroke
phlebitis cholesterol problems

RESPIRATORY: shortness of breath wheezing cough bronchitis emphysema asthma

GASTROINTESTINAL: abdominal pain diarrhea constipation ulcers rectal bleeding

GENITOURINARY: difficulty urinating urgency to urinate frequent urination sexual problems

MUSCULOSKELETAL: aches and pains in joints muscles such as backache swelling in legs

BREAST AND SKIN: birthmarks change in moles lumps in breasts

NEUROLOGICAL: headaches migraine seizures memory loss trouble thinking stroke
balance problems weakness in face, arms, or legs

ENDOCRINE: heat or cold intolerance excessive thirst thyroid disorder change in shoe size

HEMATOLOGY/LYMPHATIC: easy bruising bleeding swollen glands

ALLERGIC/IMMUNOLOGIC: allergies to food medicines other substances hay fever mold

PSYCHIATRIC: change in mood depression difficulty controlling anxiety
