

Patient: \_\_\_\_\_

Sleep Study Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Sleep Study Review: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

**FOR QUESTIONS PLEASE CALL #208-523-7667**

**IMPORTANT!** - If you suspect you may have Influenza, Covid-19, Bedbugs, Lice, etc., you must contact our office within 24 hours of the study to reschedule. Failure to cancel within this time may result in a No Show Fee.

**GUIDELINES FOR NIGHT BEFORE AND DAY OF YOUR SLEEP STUDY:**

- Try to get a normal night's sleep the night before your study
- Do not nap during the day of your sleep study
- Do not consume food or drink that contains caffeine for 4 hours prior to your test time.
- Please shower in the afternoon on the day of your sleep study. Our electrodes may not stick well to the skin if it has been too long since your last shower. **FAILING TO SHOWER MAY RESULT IN RESCHEDULING OF YOUR SLEEP STUDY.** If you need to shower right before you come in for your study (be sure your hair is dry), DO NOT USE the following products:
  - Lotions/Moisturizers/Conditioners
  - Make-up
  - Perfumes/colognes or any other scented products
  - Nail polish or acrylic nails to ensure accurate oximetry readings.
- Take your regular medications, unless directed by your physician to do otherwise. Please keep record of the medications and time you took them. **IF YOUR PROVIDER PRESCRIBED SOMETHING FOR YOU, IT IS YOUR RESPONSIBILITY TO PICK UP THE PRESCRIPTION AND BRING IT TO YOUR SLEEP STUDY.** If you were not informed by your physician **BEFORE** the day of your study. Please bring any medications you will need during your stay with us. **THE NIGHT TECHNICIANS CANNOT ANSWER ANY QUESTIONS REGARDING YOUR MEDICATION.**
- If the patient having the study preformed is under the age of 18, a parent or guardian is required to be present. We will be sure to accommodate a recliner for parent/guardian to sleep in, or if a separate room is empty and available that will be an option for comfort as well, depending on the **age and behavior** of the patient.

**PLEASE INCLUDE THE FOLLOWING ITEMS IN YOUR OVERNIGHT BAG:**

- If you are having a *Titration* Study done, **please bring your own hose and mask to the study.** Your night tech may trail different masks that we have here in the clinic to improve fit and titration outcomes if needed.
- Loose fitting pajamas; preferably a two piece set. You will NOT be allowed to sleep in undergarments only. Please keep in mind that other patients will also be in our facility so bring appropriate night wear.
- Please feel free to bring any personal belongings with you that may help you sleep more comfortably. (i.e., favorite pillow, blanket, etc.) Keep in mind that video monitoring is used during the sleep study. If you need to change after your arrival, please do so in the restroom.
- If there is something that you do before going to bed, like reading a book or magazine, please feel free to bring it with you. Keep in mind, we do not have Wi-Fi and we do not have a TV.
- If you are having an MSLT study done the day after your in-lab PSG/Titration, there will be some small frozen meals provided. If you would prefer to bring your own food and snacks, you are certainly welcome. They can be stored in our freezer or refrigerator. **\*If you have specific dietary restrictions or allergies, you are responsible to bring your own food.**

## TYPES OF IN-LAB SLEEP STUDIES

- Polysomnography (PSG) – prescribed night in a sleep lab to monitor numerous aspects of sleep. The study will evaluate sleep stages and a comprehensive evaluation of apnea. It will also assist in the diagnosis of other disorders which may be present with excessive sleepiness, such as narcolepsy or periodic leg movement disorder.
- Titration (TITR) - A study that involves a patient that has been diagnosed with obstructive sleep apnea. Used to determine the proper amount of pressurized air to meet your needs.
- Multiple Sleep Latency Test (MSLT) – a daytime sleep study that involves a series of naps the day after your PSG or Titration study. This study assesses daytime sleepiness. A physician may order a MSLT to follow a PSG nighttime study or the daytime study may be ordered independently. The diagnostic equipment is less extensive than the nighttime study. It normally completes between 4-5 pm. (It is typically standard for a urine drug screen to take place the morning of the MSLT).

## FAQs

- **What types of signals are usually recorded?**
  - Brain wave (EEG)- sensors will be placed on the head
  - Heart Rate (EKG)
  - Eye Movements
  - Leg Movements
  - Airflow
  - Breathing Effort
  - Oxygen Level

- **How can I sleep with all these electrodes attached to me?**

You will find that it is not as bad as it may sound. In fact, most people sleep quite well. The electrodes and other devices are applied in such a way that you can move pretty freely in your sleep without disturbing them. Although somewhat annoying, none of the devices are painful and a technician is available to help make you as comfortable as possible.

- **Will I be given any medications to make me sleep?**

You will not be given any medications unless they have been ordered by your provider. IT IS YOUR RESPONSIBILITY TO PICK UP THE PRESCRIPTION AT YOUR PHARMACY AND BRING IT TO YOUR SLEEP STUDY. Please bring any medications that you normally take to your appointment if you will need them while you are here.

- **Will anyone be at the facility while I am sleeping?**

A trained technician will remain in the Control Room and monitor you continuously throughout your study. You will be able to page/call and the tech will respond as soon as possible. We will make every attempt to make your stay a pleasant and comfortable one.

- **What time will I leave the following day?**

For a PSG or Titration study, our Night Techs will wake you up and get you ready to leave the following morning between 5:00 am-6:00 am.

## LOCATIONS

- Idaho Falls: 2680 Channing Way. Idaho Falls, ID. 83404; **Phone:** (208)523-7667, **Fax:** (208)523-7668
- Rexburg: 404 N. 2<sup>nd</sup> E. Rexburg, ID. 83440
- Blackfoot: 1443 Parkway Dr. Blackfoot, ID. 83221

*\*If you do not currently have a sleep study follow up scheduled, it is your responsibility to contact our office to schedule this appointment to go over your results.*

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient or Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read and acknowledged this information packet and have had any and all of my questions answered.