

# Duke University Hospital Sleep Disorders Laboratory

SLEEP STUDY ORDER SHEET

2800 Campus Walk Ave, Durham, NC 27705

**Please Complete and Fax to (919) 684-2000**

Phone (919) 684-2057

Patient's Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Ordering MD: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Study Interpretation by Neurology (Default) unless otherwise :**     Pulmonary interpretation

Request sleep consultation after the study by interpreting MD (follow up, or other sleep disorders, and/or CPAP management).

| Patient's Sleep Complaint |   | Medical History          |                                 | Previous Evaluations      |     |     |
|---------------------------|---|--------------------------|---------------------------------|---------------------------|-----|-----|
| <input type="checkbox"/>  | Daytime Sleepiness (780.09)             | <input type="checkbox"/> | Hypertension (401.1)            | Prior Sleep Study?        | Y   | N   |
| <input type="checkbox"/>  | Excessive Tiredness (780.79)            | <input type="checkbox"/> | Coronary Artery Disease (414.0) | Sleep Apnea?              | Y   | N   |
| <input type="checkbox"/>  | Loud Snoring (786.09)                   | <input type="checkbox"/> | CHF (428.0)                     | CPAP Use?                 | Y   | N   |
| <input type="checkbox"/>  | Witnessed Apneas (780.57)               | <input type="checkbox"/> | COPD (496.)                     | Apnea Severity or AHI:    |     |     |
| <input type="checkbox"/>  | Leg Jerks, Excess Movement (333.94)     | <input type="checkbox"/> | Pulmonary Hypertension (416.0)  | CPAP Pressure:            |     |     |
| <input type="checkbox"/>  | Morning headache (784.0)                | <input type="checkbox"/> | Atrial Fibrillation (427.31)    | Height:                   | ft. | in. |
| <input type="checkbox"/>  | Difficulty getting to sleep (780.52)    | <input type="checkbox"/> | Obesity (278.0)                 | Weight:                   | lbs |     |
| <input type="checkbox"/>  | Difficulty staying asleep (780.52)      | <input type="checkbox"/> | Diabetes (250.0)                |                           |     |     |
| <input type="checkbox"/>  | Unusual nighttime behavior (780.59)     | <input type="checkbox"/> | Asthma (493.90)                 |                           |     |     |
|                           |   | <input type="checkbox"/> | Depression (311.)               |                           |     |     |
|                           |   | Other: _____             |                                 |                           |     |     |
| Clinical Indication       |   | Medications/Treatments   |                                 | Special Needs             |     |     |
| <input type="checkbox"/>  | Sleep Apnea/OSA (327.23)                | <input type="checkbox"/> | Oxygen                          | Wheelchair?               | Y   | N   |
| <input type="checkbox"/>  | Periodic Leg Movements (327.51)         | <input type="checkbox"/> | Anti-Depressants (SSRIs/TCAs)   | Lift Assistance Required? | Y   | N   |
| <input type="checkbox"/>  | Etiology of daytime sleepiness (327.10) | <input type="checkbox"/> | Narcotics                       | Ambulatory Assistance?    | Y   | N   |
| <input type="checkbox"/>  | Insomnia (327.00)                       | <input type="checkbox"/> | Sleeping Pills                  | Has caregiver?            | Y   | N   |
| Other: _____              |   | Other: _____             |                                 | Incontinent?              | Y   | N   |
|                           |   |                          |                                 | Oxygen?                   | Y   | N   |
|                           |   |                          |                                 | Liters/min:               |     |     |

### Type of Study Requested

- Diagnostic Polysomnogram (PSG)** (95810), NOTE: CPAP will be used (split study) if significant obstructive sleep apnea is present and enough time is left in the night to get adequate information.

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- A PSG** (95810) **with an additional CPAP Titration Study** (95811) on a separate night if indicated by initial routine PSG.

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- PSG with \_\_\_\_\_ CPAP Titration** (95811) \_\_\_\_\_ **BPAP Titration** (95811) \_\_\_\_\_ **ASV Titration** (95811) - Patient must have previous sleep study demonstrating degree of sleep apnea. Study initiated with CPAP.

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- PSG Split Study** - diagnostic PSG performed for first 2-3 hours of study. CPAP will be introduced regardless of findings. We discourage this approach due to problems assessing apnea severity and lessened tolerance of CPAP.

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- PSG** (95810) followed by next **day Multiple Sleep Latency Test (MSLT)** (95805) & **Urine Toxicology Screen** - for suspected narcolepsy or EDS

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- Maintenance of Wakefulness Test (MWT)** (95805) & **Urine Toxicology Screen** - Evaluate ability to stay awake

**NOTE: Patients on oxygen will have oxygen discontinued when CPAP is utilized, unless ordered otherwise by the physician.**

Comments: \_\_\_\_\_

MD Signature: \_\_\_\_\_

Date: \_\_\_\_\_