

SLEEP DIAGNOSTIC ORDER



Patient Name: _____

Date Of Birth: ____ - ____ - ____

POLYSOMNOGRAPHY

check appropriate orders

SLEEP STUDY

- Polysomnogram
- Maintenance Wakefulness
- Multiple Sleep Latency Test

DX: _____

MEDICATIONS:

PULMONARY

- "Split Night" test with diagnostic and CPAP trial.
Patient must have diagnostic TST greater than 120min prior to CPAP treatment.
- Nasal CPAP evaluation. *(All night CPAP titration; patient has had diagnostic polysomnography)* CPAP order: **Start at 5cm H20 and titrate to eliminate apneas and hypopneas, including supine REM.**
- Supplemental oxygen: YES NO
Oxygen order: _____
- Bi-level PAP titration. *(Patient has chronic lung or heart disease, or is intolerant to regular CPAP)*
Bi-level PAP order: _____

FOLLOW-UP:

- Consultation with doctor in sleep center after sleep study is completed.
- Follow-up will be completed by direct referring physician at their office.

DATE: _____ SIGNED: _____

PHYSICIAN: _____

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