

Home Sleep Study - Summary & Interpretation

Patient: RIP VAN WINKLE 224 RESIDENTIAL STREET ANYTOWN, USA 00002 (800) 866-4365 BMI: 32.3 Ht: 70in Wt: 225lbs	Ordering Physician: SKIP STROKES NPI: 8806633900 Order Date: 2/10/2009 <div style="border: 1px solid red; padding: 2px; color: red; font-size: small;">Summary indicates findings along with CMS guideline reminders, eliminating need to research other documents.</div>	Preferred Medical Equipment Supplier: APNEA FIXERS DME 1334 COMMERCE DRIVE ANYTOWN, USA 00004 (866) 436-5806
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Auto Generated Summary for Home Sleep Study IDS ID#: 885093

Patient administered Home Sleep Study with Resmed Apnealink on 2009-01-10 and recorded an AHI of --13-- during an evaluation period of 06:40:04.
CMS NCD 240.4 guidelines state that the AHI of 13 -- will -- meet coverage criteria for Positive Airway Pressure in combination with treating physician's clinical correlation and with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, hypertension, ischemic heart disease, or history of stroke.

Interpretation

This Type IV monitoring device was developed to detect prominent respiratory events such as apneas and hypopneas. The study reveals sleep-disordered breathing manifesting by episodes of apnea, hypopnea and flow limitation. Baseline oxyhemoglobin saturation was relatively low and the patient spent 51% of the recording time with an oxyhemoglobin saturation below 88%. The scored AHI may underestimate the severity of sleep-disordered breathing in this patient.

Professional impression of summary data

Recommendations

1. Options of further evaluation and treatment should be discussed with the patient.
2. Treatment options may include positive airway pressure, surgery and/or oral appliance, combined with weight loss and sleep hygiene, if applicable.
3. A clinical correlation is recommended including a pulmonary evaluation. PFTs and ABGs may be beneficial.
4. Counseling about the risks of driving in patients with sleep apnea is recommended.

Proposed plan of action from experienced sleep physician

Interpretation Electronically Signed On: 2/16/2009 7:43:00 PM

Physician: JOHN Q. READER, MD

NPI: 007332900

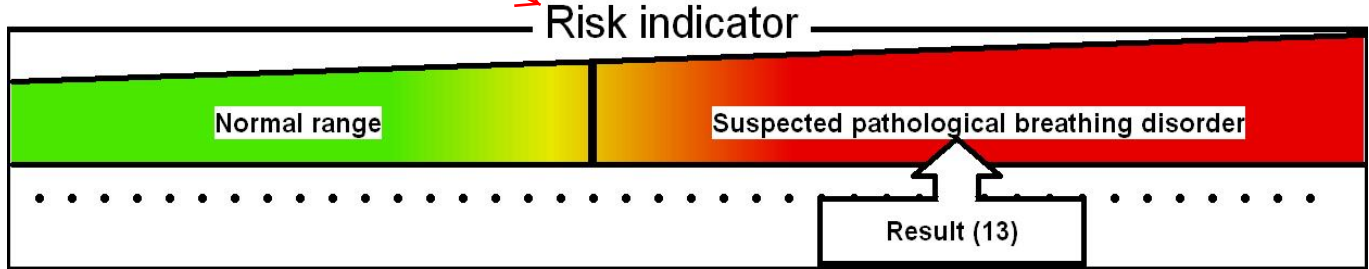
Credentials: Diplomate, American Board of Sleep Medicine

Simple visual graphic shows level of severity relative to the norm.

Home Sleep Study - Analysis

Patient: Rip Van Winkle

IDS Report #: 885903



Recording Started: 2009-01-10 at 22:07:53 Evaluation Start/Stop Time: 22:17 - 7:18
 Recording Duration: 09:16:57 Evaluation Duration: 06:40:04

Analysis: Analyzed Automatically (Total Eval Times – Airflow: 06:40:04 SpO2: 07:04:04)

Parameters: Apnea [20%; 10s; 80s; 1.0s]; Hypopnea [70%; 10s; 100s; 1.0s]; Snoring [6.0%; 0.3s; 3.5s; 0.5s]; Desat [4.0%]; CSR [0.50]

Key measure of whether sleep apnea is present

Indices/Averages

		Normal Range
AHI - RI	13	< 5/hr
Apnea Index	0	< 5/hr
Hypopnea Index	13	< 5/hr
Avg Breath per min.	17.72	-
% Flow Ltd Br w/o Snore	43	< Approx 60
% Flow Ltd. Br w Snore	7	< Approx 40

Pulse Oximetry

O2 Desaturation Index	27	< 5/hr
Avg. Saturation	88	94% - 98%
Lowest Desat Event	81	-
Lowest Saturation	81	90% - 96%
Baseline SpO2	91	-
Avg Pulse Rate (bpm)	71	-
Max Pulse Rate (bpm)	110	60 - 90
Min Pulse Rate	41	50 - 70

Totals:

Snoring Events	1775
Total Apneas	2
Total Hypopneas	86
Breaths	7089
Total Flow Ltd. Br w/o Snoring	3046
Total Flow Ltd. Br w Snoring	500
Total Desaturations	193
SpO2 <= 90%	339 Min. 80%
SpO2 <= 89%	276 Min. 65%
SpO2 <= 88%	215 Min. 51%
SpO2 <= 85%	43 Min. 10%
SpO2 <= 80%	0 Min. 0%

Event hypnograms represent number of events through night, showing correlation of apneas to desaturations, if severity is worse in early morning hours, etc.

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