

Home Sleep Test - Interpretation Report

Patient Information

NIGHT OWL PT
 1234 VTX WAY
 CORAL SPRINGS, FL 33076
Phone: (877) 337-7111
Gender: Male
Date of Birth: 07/10/1954

Prescriber Information

VTS TEST MD
 1234 VTX WAY
 CORAL SPRINGS, FL 33076
Phone: (877) 337-7111
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NPI: 1234567890

Provider Information

HST VirtuOx Direct
 5850 Coral Ridge Dr. Ste 304
 Coral Springs, FL 33076
Phone: (954) 344-7075
Fax: (888) 506-5608

Recording Start : 09/06/2024 10:50:15 PM **End :** 09/07/2024 07:01:44 AM **Duration :** 8 hours 11 min 29 sec

Sleep	Time: 6 hours 1 min 27 sec	Test Condition: Room Air
Respiratory Events		Oximetry
RDI (pAHI) : (4%)	23	Oxygen Desaturation Index (≥ 4%): 42.2
Apneas:	139	Lowest Saturation: 83
		Oxygen Saturation ≤ 89%: 0.3 min
		Minimum pulse frequency: 31
		Maximum pulse frequency: 150

Impression / Diagnosis

- Findings are consistent with Moderate Obstructive Sleep Apnea (G47.33)
- High heart rate variability noted which may be suggestive of a cardiac arrhythmia. Note that heart rate measurement on home sleep apnea tests can be subject to artifact and is not confirmed by EKG.

Recommendations

- Treatment options may include: Positive Airway Pressure (PAP) devices such as continuous PAP (CPAP), auto-adjusting PAP (APAP), and bi-level PAP (BI-PAP).
- If APAP is utilized for titration and/or treatment, an initial range setting of 5-20 cm H2O may be considered if there are no contraindications.
- If CPAP is utilized without APAP titration, an in-laboratory facility-based PAP titration may be considered.
- Consider PAP interface mask fitted for patient comfort, Heated Humidification & PAP compliance monitoring via downloadable reports (at 1 month, 3 months & 12 months after PAP initiation). Medicare has specific compliance requirements during the first 90 days of use.
- A Mandibular repositioning device/ Oral appliance therapy may be considered for mild or moderate OSA, or for severe OSA if the patient is intolerant, refuses and/or non-compliant with CPAP, or for use as combination therapy concurrently with CPAP.
- An ENT surgeon consultation may be considered for evaluation and possible surgical modification of the upper airway, if clinically indicated.
- If symptom resolution of sleep apnea is not achieved, or suspicion of continued sleep disturbance persists, consider referral to a sleep specialist.
- Consider behavioral interventions such as weight reduction or smoking cessation, if clinically indicated.
- Consider advising patient against the use of alcohol and sedatives as these substances can worsen excessive daytime sleepiness and respiratory disturbances of sleep
- Consider advising the patient not to drive, operate heavy machinery or engage in other activities which may be hazardous when sleepy or sleep deprived.
- Consider advising patient of the long term consequences of OSA if left untreated, need for treatment and close follow up.
- Consider cardiac telemetry monitoring given the elevated maximum and/or low minimum heart rate.

Medicare guidelines state home sleep studies should define the avg number of Apneas + Hypopneas per hour as the RDI. Resmed/Ectosense labels this statistic as "pAHI". For clarity, VirtuOx reports include both and will refer to Apneas + Hypopneas per hour as RDI [pAHI]

A Home Sleep Test cannot diagnose all sleep disturbances. If this test is negative for Obstructive Sleep Apnea and your clinical evaluation suggests otherwise, please refer the patient for a facility-based sleep study.

Digitally Signed on October 03, 2024 by Test Sleep Physician - Board Certified Sleep Physician. NPI: 1234567890