

NOCTURNAL POLYSOMNOGRAPHY REPORT

PATIENT NAME: ██████████	DATE OF STUDY: 19/04/2021. DATE SCORED : 20/04/2021.	REFERRING PHYSICIAN: ██████████
DOB: ██████████	BMI : 21.72kg/m ²	Weight : 65 kg.
ESS: 0/24.	Height : 1.73m.	
MAIN COMPLAINT:		

PARAMETRIC ANALYSIS

SLEEP ARCHITECTURE		
	MINS	NORMS
Total time in bed	387.8	
Total sleep time	121.5	
Sleep efficiency	31.3%	> 90%
Sleep latency	50.0	< 20mins
REM latency	122.5	> 60 mins
REM cycles	1	
Arousals	36.0/h	/h(sleep)
PLM index	29.6	/hour
AHI	12.3	/h(sleep)
Supine AHI	0.0	/h(sleep)

SLEEP STAGE SCORING :AASM			
SLEEP STAGE	MINS	%	% NORMS
N1	2.5	2.1	2 - 5
N2	57.5	47.3	46 - 65
N3	54.5	44.9	2 - 15
R(REM)	7.0	5.8	12 - 25

PHYSIOLOGICAL PARAMETERS - SCORING TECHNICIAN'S OBSERVATIONS

EEG	✓	<input type="checkbox"/> ALPHA INTRUSION <input type="checkbox"/> EXCESSIVE SPINDLING	<input checked="" type="checkbox"/> NORMAL
		Comments:	
EOG	✓	<input type="checkbox"/> INCREASED REM DENSITY	<input checked="" type="checkbox"/> NORMAL
		Comments:	
CHIN EMG	✓	<input type="checkbox"/> BRUXISM <input type="checkbox"/> AUGMENTED	<input checked="" type="checkbox"/> NORMAL
		Comments:	
ECG	✓	<input type="checkbox"/> ECTOPICS <input type="checkbox"/> BRADYCARDIA	<input type="checkbox"/> TACHYCARDIA
		Comments: <input checked="" type="checkbox"/> NORMAL SINUS RHYTHM	
LEG EMG	✓	<input type="checkbox"/> PLM's <input type="checkbox"/> ISOLATED	<input type="checkbox"/> SERIES
Snoring	✓	<input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	<input type="checkbox"/> SNORTS
		<input type="checkbox"/> NONE	Comments:
Respiratory Events	✓	<input type="checkbox"/> HYPOPNOEA <input type="text" value="8.1"/> % of TST	<input type="checkbox"/> OBSTRUCTIVE APNOEA <input type="text" value="0.9"/> % of TST
		<input type="checkbox"/> MIXED ANOEA <input type="text" value="0.0"/> % of TST	<input type="checkbox"/> CENTRAL APNOEA <input type="text" value="0.0"/> % of TST
BODY POSITION	✓	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT min 87 min	<input type="checkbox"/> SUPINE <input type="checkbox"/> PRONE 4.9 min 80.0 min
SaO₂	✓	Baseline: 96 %	Minimum: 87 %

REPORTING COMMENTS: Recording began at **21:50:41** and ended at **14:28:41** for a total recording time of **998.0** minutes. Medical parameters monitored throughout the night were left and right central and occipital electroencephalogram, left and right electro-oculogram (EOG), digastrics muscle electromyogram (EMG), respiratory air flow from nasal pressure, and respiratory effort from inductance bands placed around the thorax and around the abdomen. Additional parameters for the specific diagnostic purposes of this recording included EMG from both anterior tibialis muscles and oxygen saturation by quantified pulse oximetry.

1. Sleep architecture showed sleep onset at 03:36, and wake at 05:40, with only 1.5 sleep cycles observed.
2. Sleep latency occurred **50.0** minutes after lights out. Patient was wired up around 10pm, but wake eye movements and blinks were observed until 02:46, when Alpha Rhythm was first observed.
3. Respiratory monitoring revealed AHI at **12.3** /h (sleep). Rising to **34.3** /h in REM. Typically hypopneas with associated arousals
4. Snoring occupied **28.2** % of TST.
5. Oximetry revealed a desaturation index of **4.0** /h.
6. Arousal index was **36.0** /h (sleep).
7. Index of leg movements meeting the PLM criteria was **29.6** /h.

SIGNED:

██████████ **PSGT.**

CONSULTANT INTERPRETATION AND RECOMMENDATIONS

Diagnosis:

Treatment decisions must be based on all available clinical information of which this study is only a part. Given the study findings and the main complaint of _____, we recommend the following:

TRIAL OF CPAP **ORAL APPLIANCE** **FOLLOW-UP APPOINTMENT with**

REPEAT STUDY **w/MSLT** **OTHER:**

SIGNED:

DIAGNOSIS:

