



**Sleep Disorders Scheduling Phone: (727) 734-6716**

**8:30a.m.-5:00p.m.**

Thank you for scheduling your sleep study with Morton Plant Mease. We appreciate that you have chosen us to provide your care.

Please enter through the main hospital entrance and have a seat in the lobby. A sleep technologist will arrive at the time of your appointment to take you to the sleep lab.

Located below is your scheduled appointment time, please do not arrive before this time. A map and directions to the facility are enclosed. If you have any questions regarding directions, please call the scheduling office for further assistance.

To ensure we have the personnel and supplies available for the best sleep study possible, you must **confirm your appointment by 8:00 am** on the day of the study. Confirm your appointment by calling (727) 734-6716. For your convenience, we do have an answering machine that will take your call after business hours. As a courtesy, we will attempt to contact you at least one business day prior to your appointment.

A minimum of 24 hours notice is required for canceled appointments. Missed appointments without prior notice will be charged a fee of \$100. Please understand insurance does not cover this charge.

Patients who miss two appointments or have two late cancellations will not be permitted to reschedule without following up with their physicians.

**Insurance Notice:** We will obtain insurance authorization for your sleep study with your doctor. If we have any problems obtaining authorization, we will contact you prior to your appointment time. You may have a co-payment or deductible even if your insurance authorizes the study. Please contact your insurance company regarding your payment responsibilities. ***Be advised, a sleep study is an outpatient test and our facility is hospital based, we are not a freestanding facility.***

Normally, our sleep centers close from 5 p.m. to 8 p.m. Please leave a message on the technologist’s line below with any problems regarding your appointment after 5 p.m. the day of your test.

<b><u>Overnight Sleep Study</u></b>	
<b>Date:</b>	
<b>Arrive:</b>	<b>Depart:</b>
<b>Place:</b>	<b>The Sleep Disorders Center North Bay Hospital 6600 Madison Street New Port Richey, FL 34652</b>
<b>Technologist’s line (8:00 p.m.-6:00 a.m.): (727) 843-4517</b>	

## **Split polysomnography study**

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We monitor you overnight to determine the amount and types of sleep you experience, and how that sleep is disturbed.

On arrival, you will complete required forms, and a technologist will explain the procedure. We show you a short video about Sleep Apnea and Continuous Positive Airway Pressure (CPAP). Our technician will review and explain the details of CPAP the night of your study. We then apply electrodes to your skin to monitor your brainwaves (EEG), eye movements (EOG), muscle tone (EMG), heart (ECG), breathing, body position, snoring and blood oxygenation. The electrodes are not painful, and should not interfere with your sleep. We constantly monitor you during the night by video from a separate room.

Over the first 2 hours after bedtime, if an adequate number of Apneas (periods of no breathing) and/or Hypopneas (periods of shallow breathing) are documented, we then may try a CPAP trial. If, however, these episodes do not occur at a rate sufficient to establish a firm pattern within the first several hours, we may not have sufficient time to be able to attempt the CPAP trial. Thus, some patients may be required to return for a second night, which we schedule at a later date. We will continue to monitor your sleep and determine the amount and types of sleep you experience for the rest of the night.

You will have a private bedroom with a full size bed and two pillows. A bathroom is available. You may have time to "wind down" before sleep, you might want to bring something to occupy your time.

Your results are completed and delivered to your physician approximately two weeks after your test. Please make an appointment with your physician to review the results of the study with you.

### **Instructions:**

- This is an outpatient procedure; please advise if you have any medical or physical needs.
- Keep your usual bedtime schedule the day/night before your test
- If you take medications, please take your medications normally
- Shower, wash, and dry hair prior to your appointment
- Allow access to your scalp, you may need to remove your hairpiece, hair weave, etc.
- Turn off cell phone when entering sleep facility
- Eat dinner before you arrive (meals are provided for mslt and mwt patients only)
- Follow any directions your physician recommends
- **One parent/guardian must stay overnight with children under 12 years of age**
- **One parent/guardian may stay overnight with children over 12 years of age**

### **Bring:**

- Insurance card
- Cpap/Bipap/Vpap mask (if applicable)
- Loose two-piece sleeping outfit (no one piece nightwear)
- Toiletries
- Snacks (if needed)
- Items to make you comfortable (book, your own pillow, etc.)
- Medications needed
- Sleep aids (if applicable)
- Completed questionnaire and medication sheet (attached)

### **On the day of the test, do not:**

- “Sleep in” or nap the day of the test
- Use hair products
- Consume alcohol
- Consume caffeine after noon
- Wear nail polish
- Wear excessive jewelry or bring valuables



# Morton Plant Mease

BayCare Health System

## Sleep Disorders Centers Medication History

**Name**

**Date of Birth**

**Allergies**

**Medication**

**Reaction**

### Current Prescription & Over-the-Counter Medications

**Drug Name**  
(List only those  
meds currently  
being taken)

**Dose**  
(milligrams,  
grams, #)

**Route**  
(by mouth,  
patch, etc.)

**How  
Often**  
(ex. Daily,  
2 x day,  
4 x day)

**Reason for  
taking  
medication**

**Last Dose**  
(mm/dd &  
Time)

**Please complete this form and bring with you to your appointment**

MPM SLEEP DISORDERS CENTER

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Please circle whose idea it was for you to come here:

Mine            My sleeping partner            My doctor            My parent            Other \_\_\_\_\_

Please see below and check all that apply regarding your sleep problems:

- I have trouble falling asleep (because): \_\_\_\_\_
- I wake up frequently (because): \_\_\_\_\_
- I do not get enough sleep.
- I feel tired or sleepy when I should not.
- I fall asleep when I should not.
- I snore very loudly.
- I stop breathing in my sleep.
- I do strange things while I'm asleep, such as: \_\_\_\_\_
- I feel paralyzed while falling asleep or waking up.
- I feel paralyzed with emotion.
- I have unusual, vivid, or disturbing dreams.
- I grind my teeth.
- Other \_\_\_\_\_

Do any other family members have the same or similar problem? Please circle. No Yes  
If yes, please explain:

List current medical conditions you are treating:

Do you smoke? Please circle.            No    Yes – how much? \_\_\_\_\_

Do you drink alcohol? Please circle.            No    Yes – how much? \_\_\_\_\_

Do you feel that you are currently under any unusual stresses, emotional strains, or depression? No Yes  
If yes, please explain:

PLEASE BRING COMPLETED QUESTIONNAIRE TO YOUR SLEEP STUDY APPOINTMENT