



**Medstar Health
Sleep Disorders Center
Pediatric Patients**

18101 Prince Philip Drive
Olney, MD 20832
4th Floor Main Building #421

Appointment Time: 8:30 PM

Please note-- Sleep Technologists begin their shifts at 8:30 PM as well. There is no need to arrive earlier, but please be on time. You may take a seat in the lobby until a Sleep Technologist takes you back to a room.

You will be staying in the "Sleep Disorders Center" overnight; we have enclosed additional information for your reference. If this is your first visit or if you haven't been in for a study in over a year, please fill out the sleep history questionnaire and bring it with you to your appointment.

The sleep study or polysomnogram is non-invasive and painless. Electrical sensors are attached by wire to monitoring devices that are used to document brain wave activity, eye movements, chin muscle tone, leg movements, oxygen saturation and respiratory activity. These painless sensors are applied temporarily with gauzes and tape. The equipment may be minimally uncomfortable, but does not prevent sleep or interfere with a meaningful sleep study. It is preferred that at least six hours of testing be obtained in order to provide a comprehensive sleep evaluation for the Doctor. Once the study has started, you have the right to discontinue the test for any reason; however, please be aware that a shorter test may not be as reliable or as useful for the interpreting physician and may pose a problem with insurances not covering the cost of a shorter study. The full charge for the study will be submitted for payment. Sleep Center patients cannot stay in the lab and sleep without properly being monitored.

We will verify your insurance program and benefits; however, some insurance providers require a Physician's referral prior to scheduling, which must be obtained by the patient. If a referral is required, we will request it at the time of scheduling. If we do not receive the necessary Pre-Authorization and/or Referral, your appointment may be rescheduled. **We strongly encourage you to call your insurance company ahead of time to verify if you are responsible for any copays / deductibles.** Please note that a sleep study is not considered an inpatient hospital stay, but rather is an overnight outpatient diagnostic test. In the event that your insurance company asks about procedure codes or "CPT" codes, please give them whichever of the following is applicable:

Diagnostic Sleep Study:	CPT 95810
Sleep Study with Nasal CPAP Treatment:	CPT 95811
Split Night PSG with CPAP:	CPT 95811
Multiple Sleep Latency Test (MSLT):	CPT 95805

We are an outpatient department, and patients will be assigned a room according to the type of study that their physician has ordered. Rooms with bathrooms cannot be requested in advance. Most rooms, bathrooms are adjacent or across from the sleep rooms. Although the restroom may not be in the bedroom, every patient room has access to a restroom with a shower.

Please keep in mind that these appointments are scheduled in advance and much preparation goes into scheduling these appointments. It is very important that you arrive on time for your appointment. If a change occurs in your schedule we request a 24 hours notice of appointment cancelations or rescheduling. Please also note that *if you are sick on the date of your appointment, the appointment should likely be rescheduled* in order to ensure the most accurate test results.

The contact number for appointment confirmation, cancelations and rescheduling is 202-444-3610. The office hours are Monday through Friday, 8:00 am to 4:30 pm. To inform us of an unexpected after-hours cancellation of an appointment, page (202)405-3904. Leave your callback number and then hit the pound (#) sign to send the page

Please keep the following in mind when preparing for your sleep study:

- Shower and shampoo your hair on the day of your study. Hair should be clean and free of any hair spray, mousse, gels, oils, etc. If you have a hairpiece that is glued to the scalp, we may be unable to conduct the test (single braided hair and most hair extensions do not pose a problem).
- Gentlemen should plan on shaving prior to the study. You are not required to remove a mustache or beard.
- NO naps during the day on the day of your study.
- NO caffeinated beverages after 12:00 noon on the day of your study, or during testing.
- NO alcoholic beverages on the day of your study. Please note that Medstar Montgomery Medical center is tobacco-free.
- NO facial make-up, face creams or skin products on your face.
- If you have acrylic/artificial nails on your fingers, you must remove at least one for the study. If you have nail polish or acrylic nails on when you arrive for your study, the Technologist will have to remove the nail polish and/or the acrylic nail from one finger. This is necessary for accurate oxygen saturation readings during the study.
- Eat dinner prior to arriving for your appointment. You may bring a light non-caffeinated snack if you will be hungry prior to the beginning of study.
- To ensure accurate results when the testing begins mobile devices, cell phones and the television in the room must all be turned off.

When driving to the Hospital: Parking is available out front. The Sleep Center is located on the 4th floor of the Main Hospital Building. After Parking please enter the Hospital through the Emergency department.

Departure: Testing is complete at approximately 6:00 a.m. at which time all monitoring devices are removed and you may leave the Sleep Disorders Center. If you need to leave by a specific time, please inform your Technologist. Shower facilities are available.

Results: The results of your test will be sent to your referring physician. Contact the office of your physician to schedule an appointment to discuss results of the study. All results are confidential and will be shared with you only through your physician. Technologists cannot convey any tests results after testing as the study must be reviewed by a physician. Final results generally are forwarded to the ordering physician in 7-10 business days.

Remember to Bring:

- Your insurance card and picture identification.
- Medication you normally take, including non-prescription medications. The Sleep Disorders Center cannot provide any medications. Take your prescription medications unless instructed otherwise by your physician. If you regularly use sleeping medications, bring them with you.
- Comfortable sleepwear - preferably pajamas or shorts and a top. Sleepwear is not optional – it is required. Please, no satin or satin-like material.
- Personal items such as toothbrush, toothpaste, brush and comb.
- Bring a pillow, if you prefer your own. White noise machines are acceptable.
- If you are currently a CPAP user, bring your mask.
- Reading material or something to keep you busy before bedtime.

Please note: If you have any special nursing needs or disabilities and need special assistance, please bring your care-giver with you to your appointment. Also, please keep in mind that Medstar Montgomery Medical Center is smoke free.

Pediatric Sleep History Questionnaire

Child's Name: _____ Height: _____ Weight: _____ Date: _____

1. What is your child's normal bedtime on a weekday? _____ am / pm
2. What is your child's normal wake time on a weekday? _____ am / pm
3. What is your child's normal bedtime on a weekend or holiday? _____ am / pm
4. What is your child's normal wake time on a weekend or holiday? _____ am / pm
5. Does your child take a nap during the day? If so, how long is the nap? _____
6. On average, how many hours of sleep does your child get during a 24 hour period? _____
7. Is your child ever difficult to awaken in the morning or difficult to waken from a nap?
 Yes No
8. Does your child snore at night?
 Never Occasionally (1-4 times a month) Frequently (more than once a week) Most nights
9. Please describe the loudness of the snoring.
 No snoring Faint (can't hear unless near the child) Light (can hear it, not bothersome)
 Moderate (easy to hear, not too loud) Heavy (loud, bothersome, can hear outside of child's room)
10. If your child snores, what percentage of the night does this happen?
 Doesn't snore (0%) Occasionally (less than 50%) Intermittently (about 50%)
 Frequently (more than 50% of the night) Continuously (at least 90% of the night)
11. Have you ever witnessed your child having difficulty or struggling to breathe during sleep?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently Most nights
12. Does your child's chest "cave-in" or "see-saw" during sleep?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently Most nights
13. Have you ever witnessed pauses in your child's breathing during sleep?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently Most nights
14. Do you ever shake your child or attempt to waken them to make them resume breathing?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently Most nights
15. How long has your child had breathing problems?
 No Problems Less than 3 months Less than 6 months More than 1 year Since he/she was a baby
16. Does your child sleep in any unusual positions (for ex: neck hyper-extended or with his/her bottom up in the air)?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently (more than once a week) Most nights
17. Does your child have excessive body movements or body position changes throughout the night?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently (more than once a week) Most nights
18. Does your child complain of funny, creepy-crawly feelings in his/her legs before falling asleep or want his/her legs rubbed?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently (more than once a week) Most nights
19. Does your child have nightmares?
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently (more than once a week) Most nights
20. Does your child walk / talk during sleep.
 Never Rarely (less than once a month) Occasionally (1-4 times a month)
 Frequently (more than once a week) Most nights

32. On average how much caffeine (if any) does your child consume per week? _____ servings.
33. How likely is your child to doze off or fall asleep in the following situations? How often do you feel tired? This refers to your usual way of life in recent times. Even if your child has not done some of these things recently, try to evaluate how they would affect you. Use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze**
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

Situation

Chance of dozing

Sitting and reading	
Watching TV	
Sitting, inactive, in a public place (e.g., school or movie)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch	
In a car, while stopped for a few minutes in traffic	

34. Year of last complete physical examination: _____

Examining physician's name: _____

Physician's address: _____

Office telephone number: _____ MD's specialty: _____

35. Was anything found wrong in your child's last physical examination? Yes No

If yes, describe: _____

Remarks: If there are any other aspects of your child's sleep problem which you feel are important, please describe them in the space below. Also, list any medications that were not listed above.
