INSTITUT JANTUNG NEGARA
National Heart Institute

FULL POLYSOMNOGRAPHY (PSG) SLEEP STUDY CHECKLIST

PATIENT'S INFORMATION
(Please Stick Label)

Date of PSG : _____

NO.	PROCEDURE CHECKLIST	YES (✓) to indicate completion
1.	Prepare emergency trolley in Sleep Lab	
2.	Order PSG test in TrakCare	
3.	Orientate patient to facility, bedroom, bathroom, and use of call bell.	
4.	Complete **Pre-Procedure Nursing Assessment prior to Full PSG Sleep Study	

****PRE PROCEDURE NURSING ASSESSMENT**

Please tick (√) **where applicable.**

BP: _____ mmHg Pulse: _____ bpm SPO_2: _____ %

Weight: _____ kg Height: _____ cm

Pain Screening

Current Pain:	☐ No	☐ Yes, location: _____			
Scale use :	☐ FLACC	☐ Faces	☐ Numerical	☐ Categorical (for Adult only)	Scoring: /10

Fall Risk Screening

☐ Low Risk ☐ High Risk ☐ Fall prevention advice given to patient/accompanying person

Patient and Family Education (PFE) Assessment

Individual assessed :	☐ Patient	☐ Family :_____			
Language spoken :	☐ Malay	☐ English	☐ Mandarin	☐ Tamil	☐ Others
Language read :	☐ Malay	☐ English	☐ Mandarin	☐ Tamil	☐ Others
Learning barrier(s) (if any):	☐ Hearing	☐ Visual	☐ Language	☐ Cognitive limitation	

Completed by Wellness RN / MA,

Signature & Name : …….. Date & Time : ……..

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PATIENT'S INFORMATION
(Please Stick Label)

NO.	POST PROCEDURE ASSESSMENT
1.	Number of wake: _____
2.	Snoring level (please circle accordingly): Mild / Moderate / High Remarks (if any): _____
3.	Lowest oxygen saturation: _____ %, choose one: ☐ without persistent VT/VF ☐ with persistent VT/VF Remarks (if any): _____

Critical findings: ☐ Yes ☐ No

If yes, please complete this section to indicate critical findings

Inform Pulmonologist when arterial oxygen desaturation is more than 4% from baseline SPO_2 reading upon admission with significant ECG changes of Non-Sustained Ventricular Tachycardia.

Notified to Doctor (Doctor's name): _____ Date & Time: _____

Action taken: _____

_____

_____

Completed by Wellness RN / MA,

Signature & Name : …….. Date & Time : ……..