

(177,000) M. C. Aug. No. 16W13687 DOS:
02/28/2023



Account Number: eCW136887

Appointment Facility: Sleep Disorders Center

02/28/2023

Progress Note:

Current Medications

Taking

- Cinnamon
- Milk Thistle
- Fish Oil
- Simvastatin 10 MG Tablet 1 tablet mouth Once a day
- Lisinopril 10 MG Tablet 1 tablet mouth Once a day
- hydroCHLORothiazide 25 MG Tablet 1 tablet mouth Once a day
- Glucosamine
- Aspirin 81
- Ipratropium Bromide

Reason for Appointment

1. FAS Split Night

History of Present Illness

Screening and the Special Tests:

Morse Fall Risk Scale
History of falling in immediate room within the last 10
Secondary diagnosis No - 0
Ambulatory aid Bed rest/nurse assist 0
IV/Heparin lock No - 0
Gait/Transferring Normal/bed rest/immobile - 0
Mental status Oriented to own ability - 0
Epworth Sleepiness Scale
What is your chance of dozing when sitting and reading?
Slight
What is your chance of dozing when watching TV?
What is your chance of dozing when sitting in a public
place? 0 - None
What is your chance of dozing as a passenger for 1
hour, no break? 0 - None
What is your chance of dozing when lying down to rest in the
afternoon? 3 - High
What is your chance of dozing when sitting and talking to
someone? 0 - None
What is your chance of dozing when sitting quietly after lunch?
2 - Moderate
What is your chance of dozing when driving a car, stopped in
traffic? 0 - None
Epworth Score 6
Stanford Sleepiness Scale
How deeply do you feel you slept last night?
How does your sleep last night compare to your usual sleep?
Degree of Sleepiness

Testing:

Sleep Study
Name of Test Clinical Polysomnogram Sp/Split/Night titration
Study This was a split night. He slept on his left and right
sides. Snoring and respiratory events were not. CPAP was

Progress Note MD 02/28/2023

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(177 y/o) M; cAtc. No. 16887 DOS: 02/28/2023

started and titrated to 14 cm H₂O. He used a medium Vitara FFM. He reported that his sleep in the lab was worse than he had at home. He had frequent PLMs, DME, and MME.

Date of Test 02/28/2023

Split Night Sleep Study:

Clinical Polysomnogram Split Night Titration Study:

Date of sleep study 2/28/2023

Full night recorded time: 5487.5 minutes

INDICATION:

Patient is a 77-year-old male who is being evaluated for sleep apnea. Patient was diagnosed with sleep (apnea) (no records are available), he had RPPPP. Symptoms of sleep apnea are not back. Patient would like to be re-evaluated for sleep apnea. Patient has a history of HTN, COPD, and presence of a Watchman left atrial appendage closure (implanted) in 2018 and device and obesity (BMI 30).

Reviewing an echo from 19/2019

1. Normal LV ejection fraction and global LV systolic function.
2. Left ventricular ejection fraction is 55 to 60%.
3. Mildly dilated left atrium.
4. The aortic valve is bicuspid structurally normal with normal leaflet excursion without any evidence of aortic stenosis or insufficiency.
5. Mild mitral valve regurgitation.
6. Moderate tricuspid regurgitation.
7. Normal pulmonary artery systolic pressure.
8. The Watchman in the IVC is well positioned and there is no clot.

1. SLEEP ARCHITECTURE: Sleep architecture was impaired, including increased sleep and increased N2 sleep. Stage 3 and 4 waves sleep and decreased REM sleep. Sleep efficiency of 44.6% (normal 85%) sleep onset latency of 85.2 minutes (normal 15-20 minutes) and 65.3 minutes (normal 15-30 minutes) and REM latency of 162 minutes (normal 90-120 minutes).

2. SNORING: Technician reported snoring was observed during study.

3. RESPIRATORY: Moderate obstructive sleep apnea with an Apnea/Hypopnea Index (AHI) of 16.1 events per hour, supine position with AHI of 0/hr (no supine position was achieved). The sleep disordered breathing REM sleep with AHI of 16.1/hr lowest to 0.2 desaturation 8.4%, Mean SpO₂ 92.6%, Patient 2.8 minutes with SpO₂ at and below 88%. CPAP titration completed from 7 to 14 cm H₂O. CPAP pressure 13 cm H₂O. AHI was 3.4/hr minimum SpO₂ was 86% with SpO₂ at and below 88% was 0.6 minutes and REM sleep was 0.6 minutes. Mask leak was acceptable throughout titration. Supplemental oxygen was not required. Cheyne-Stokes breathing pattern was absent.

4. ECG ANALYSIS: The average heart rate/min was 75 bpm. Normal sinus rhythm was noted throughout. Premature

(1777010) M: cAtte. No. 11616136887 DOS:
02/28/2023

Pentricular Contraction (PVC) noted. An episode of wide complex tachycardia was noted.

5. LEG MOVEMENTS ANALYSIS A significant leg activity was seen. The periodic limb movement (PLM) index was 9/129/hour that improved to 5/5/6/hour with CPAP.

Please refer to Polygons Data attached for further details.

Vital Signs

Ht: 5ft 11 in, Wt: 122 lbs, BMI: 30.6, BSA: 2.23 m², Pain scale: 0.

Assessments

1. Obstructive sleep apnea 33.64/33 (Primary)
2. Wide complex tachycardia 0 R00. 0
3. PVC (premature ventricular contraction) 149.33
4. Periodic limb movements 9/129.61

Treatment

1. Obstructive sleep apnea

Notes:

- Will begin treatment with CPAP pressure of 14 cm H₂O. Patient will be choosing a durable medical supply company. The DME will use a mask template for more accurate fitting mask.
- Patient will return for follow-up at the sleep center in 31 to 90 days after initiating therapy for monitoring and compliance. The DME is to send a compliance download of the APAP use of the initial 7 days.
- Recommend elevating head of bed and weight management. Avoid narcotic sedatives and alcohol as these may exacerbate sleep apnea and/or underlying respiratory disorder.
- The Muscogee Sleep Disorder Center will be contacting the patient to discuss these findings and recommendations for patient follow-up appointment.

In accordance with the American Academy of Sleep Medicine, signature attests that the raw data of this sleep procedure was reviewed in its entirety by the and scored by a registered technician in its entirety. Scoring is in accordance with the AASM Manual Scoring of Sleep and Associated Events using the recommended guidelines, except for Medica, using the acceptable guidelines, 2013. .

2. Wide-complex tachycardia

Notes:

- An episode of wide complex tachycardia was noted

(1770y0) M: c Atte. No. 1616W136887 DOS:
02/28/2023

- Patient was asymptomatic during the sleep study
- Patient was called and he denied any symptoms of dizziness, palpitation, chest pain, SOB or leg edema
- Patient was advised to call PCP tomorrow to get EKG/ Holter monitor. Patient was advised to go to ER if he starts having symptoms. Patient verbalized understanding and agreed to the plan.

3. PVC (premature ventricular contraction)

Notes:

- PCP to consider 24 Hr Holter mon/EKG/

4. Periodic limb movements of sleep

Notes:

- Recommend further evaluation for treatable causes for PLMD.
- Consider medication treatment for PLMD.

Procedure Codes

9581 POLYSOMNOGRAPHY W/CPAP

Follow Up

31 to 90 days after initiating therapy for monitoring and compliance

Electronically signed [redacted] on 03/02/2023 at
05:48 PM EST

Sign off status: Completed

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Progress Note: Ferriis Alkazir, MD 02/28/2023

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