THE BREATH FACTORY
YOUR SNORING AND APNEA SOLUTIONS

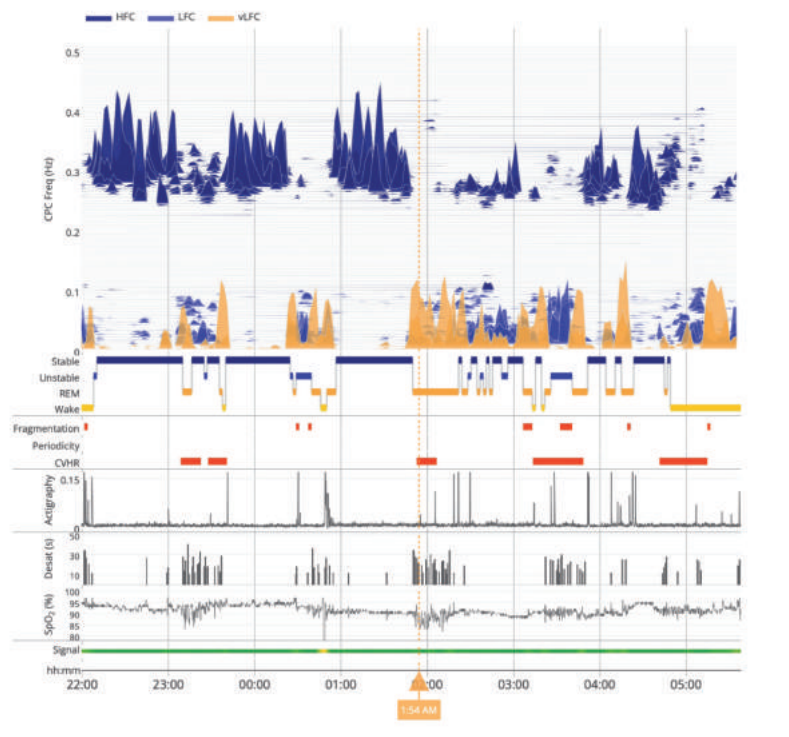
Reading the SleepImage Report

1. **Signal Quality** - should be predominantly green (>80%)
2. **Evaluate color** - coded boxes to guide the clinical investigation
3. **Sleep Duration** - should adhere to practice guidelines (>4hrs)
4. **Sleep Apnea** - (1) Total AHI (2) Obstructive vs. Central
5. **Sleep Fragmentation** - Elevated levels reduce SQI independent of sleep apnea
6. **Periodicity (Periodic Breathing)** - elevated levels indicate central sleep apnea, check sAHICENTRAL
7. **Stable NREM** - Enables recovery / restoration, low stable sleep reduces SQI independent of sleep apnea
8. **REM** - More prevalent in last 1/3 of sleep period, apneic events are common during REM, check spectrogram
9. **SpO2** -Check SpO2 statistics for time under 90% and Min; Max; Mean
10. **Test Summary** - Compare Test Summary against clinical suspcion, patient history and sleep complaints
11. **Clinician Notes** - Write Clinician Notes to document findings and diagnosis as appropriate (not shown here)

Reviewing SleepImage Graphics for Associations & Patterns

Patterns

Assotiations



1. **Signal Quality:** Evaluate the signal quality during the recording period. Red may indicate signal loss. If there are long periods of signal loss, repeat the sleep study.
2. **Spectrogram:** Review for stable & unstable NREM sleep, REM sleep and wake distribution during the sleep period.
3. **Hypnogram:** Observe frequency transitions between sleep states concurrently with Fragmentation, Periodicity & CVHR (Cyclic Variation of Heart Rate).
4. **Desaturation & SpO_2:** Review events and correlate with sleep states. Check for signal loss by looking for sudden and large drops in SpO_2.
5. **Actigraphy:** Associate levels of actigraphy with concurrent events, assess any patterns across the sleep period.
6. **Study Period:** Adjust the study period if needed and recalculate to update the output to reflect the sleep period.
7. **Auto & Manual Scoring:** Examine the auto-scoring of the raw data traces in the interactive graphs and manually score (add, edit, delete) events as/if needed.
8. **Clinician Notes:** Write notes, interpretations and diagnosis in the clinician notes and share the patient notes with other clinicians in multi-disciplinary care.

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