

Ambulatory Report

VIJAY-MURUGESH, JOTHIKA

MRN: 31664981

DOB: 8/4/2013, Sex: F

Enc. Date: 03/15/18

Order-Level Documents:

There are no order-level documents.

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM

Author: [REDACTED]

Filed: 4/10/2018 11:53 AM

Status: Addendum

Related Notes:

Service: Pulmonology

Date of Service: 3/17/2018 11:59 PM

Editor: [REDACTED]

Original Note by [REDACTED] (technician) filed at 4/9/2018 4:24 PM

Author Type: Physician

Note Type: Progress Notes

Polysomnography Report

PATIENT'S NAME: VIJAY-MURUGESH, JOTHIKA

DATE OF BIRTH: 8/4/2013

GENDER: F

MRN: 31664981

DATE OF SERVICE: 3/17/2018

Indication(s) for study: Disturbed sleep pattern

Referring Physician: [REDACTED]

Recording Technician: [REDACTED]

Primary Care Provider: UNKN

Interpreting Physician: [REDACTED]

Scoring Technician: [REDACTED]

cc:

At Study Initiation (check all that apply):		X Breathing room air unassisted		Artificial airway	
Mechanical ventilation	BiPAP	CPAP	Supplemental O ₂ @	LPM	
Total Recording Time (TRT):	514.5 min (8.57 hrs)	Total Sleep Time (TST):	432.0 min (7.20 hrs)		
Time In Bed (TIB):	504.3 min (8.40 hrs)	Percent Sleep Efficiency:	85.7%		
Time Lights Off:	9:03:08 PM	Time Lights On:	5:27:26 AM		

RESPIRATORY EVENTS

OBSTRUCTIVE AND MIXED APNEAS

Total number of episodes (6 sec or more / 2 breaths)
 associated with SpO₂ less than 90%
 associated with greater than or equal to 3% SpO₂ desaturation
 associated with arousal
 Duration of longest episode

OBSTRUCTIVE (OA)

15
0
11
12
15.5 seconds

MIXED (MA)

0
0
0
0
0.0 seconds

CENTRAL APNEAS*

Total number of episodes (6 sec or more / 2 breaths)
 associated with SpO₂ less than 90%
 associated with greater than or equal to 3% SpO₂ desaturation
 associated with arousal
 associated with decreased heart rate**
 Duration of longest episode

CENTRAL (CA)

8
0
7
4
0
11.5 seconds

* Centrals scored based on association with an arousal or 3% desaturation, or being at least 20 seconds in duration.

** Less than 50 beats per minute for at least 5 seconds or less than 60 beats per minute for 15 seconds (infants under 1 year of age only).

HYPOPNEAS*

Total number of episodes (6 sec or more / 2 breaths)
 associated with SpO₂ less than 90%
 associated with greater than or equal to 3% SpO₂ desaturation
 associated with arousal
 Duration of longest episode

HYPOPNEA (HYP)

98
0
64
79
20.0 seconds

* Hypopneas scored based on association with an arousal or 3% desaturation.

RESPIRATORY TOTALS

	OA	MA	CA	HYP	APNEAS + HYP
TST	15	0	8	98	121
REM	4	0	1	9	14

RESPIRATORY INDICES

Apnea Index (AI)	3.19
Obstructive Apnea Index (OAI)	2.08
Hypopnea Index (HI)	13.6

Progress Notes

VIJAY-MURUGESH, JOTHIKA
 MRN: 31664981
 DOB: 8/4/2013, Sex: F
 Adm: 3/17/2018, D/C: 3/17/2018

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM (continued)

NREM	11	0	7	89	107
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Apnea + Hypopnea Index (AHI)	16.8
REM AHI	38.2
Respiratory Disturbance Index (RDI)	17.63

PERIODIC BREATHING

Periodic breathing total duration:	1.81 minutes
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PATIENT'S NAME: VIJAY-MURUGESH, JOTHIKA
 DATE OF BIRTH: 8/4/2013

GENDER: F MRN: 31664981
 DATE OF SERVICE: 3/17/2018

OXIMETRY SUMMARY

SpO ₂	Duration (min)	% TST
Greater than or equal to 95%	378.60	87.64
90 - 94%	53.40	12.36
80 - 89%	0.00	0.00
Less than 80%	0.00	0.00

Minimum SpO ₂	(during TST)	91%
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	WAKE	REM	NREM	TST	TIB
Average SpO ₂	96%	97%	96%	95.95%	96%
Baseline SpO ₂ : 96% (at lights out)					
X On room air entire study					
During study, placed on:					
Oxygen, Max LPM O ₂	Time O ₂ started:				
BiPAP	Time BiPAP started:				
CPAP	Time CPAP started:				
Comments:					

END TIDAL CARBON DIOXIDE (EtCO₂)

Baseline EtCO ₂	34
TST Above 55 torr	0.00 minutes
% TST Above 50 torr	0.00%
Peak EtCO ₂ during TST	48.6

SNORING

%TST	5.2%
associated with arousals:	6
Comments :	

SLEEP STAGE SUMMARY

	Minutes	% TST	% TIB	# Occurrences
N1	0.5	0.1	0.1	1
N2	192.0	44.4	38.1	24
N3	217.50	50.35	43.40	11.00
R	22.0	5.1	4.4	4
W	72.3		14.3	13

LATENCY SUMMARY

	From Lights Off	From Sleep Onset
Sleep Latency (SL)	58.3	
R Onset Latency		328.5
N3 Onset Latency	70.8	12.5

AROUSAL SUMMARY

Number of Arousals:	251
Number of Awakenings:	12
Arousal Index	34.9
Wake after Sleep Onset (min):	14.0

EEG Abnormalities:

Progress Notes

VIJAY-MURUGESH, JOTHIKA
 MRN: 31664981
 DOB: 8/4/2013, Sex: F
 Adm: 3/17/2018, D/C: 3/17/2018

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM (continued)

PATIENT'S NAME: VIJAY-MURUGESH, JOTHIKA
 DATE OF BIRTH: 8/4/2013

GENDER: F MRN: 31664981
 DATE OF SERVICE: 3/17/2018

HEART RATE SUMMARY

	WAKE	REM	N1	N2	N3
Mean (BPM)	118.8	95.9	112.8	98.8	99.8
Highest Heart Rate during sleep (BPM):	130	Average Heart Rate during sleep (BPM):		99.2	
Highest Heart Rate during recording (BPM):	130	Lowest Heart Rate during sleep (BPM):		71	

CARDIAC EVENT SUMMARY (check if present):

Bradycardia, lowest HR observed:
Asystole, longest pause observed:
Atrial Fibrillation, longest duration observed:
Narrow Complex Tachycardia, highest HR observed:
Wide Complex Tachycardia, highest HR observed:
Sinus Tachycardia, highest HR observed:
Other arrhythmias:

MOVEMENT EVENTS

	Total # of Movements	Index
Periodic Limb Movement of Sleep (PLMS)	0	0.0
PLMS with arousal (PLM-Arousal)	0	0.0

Behavioral Observation Comments:

Additional Comments:

Technician Comments

Time Entered	Comment
8:56:50 PM	PATIENT JOTHIKA VIJAY- MURUGESH
8:57:15 PM	DOB 8-4-2013
8:57:21 PM	MR# 31664981
8:57:28 PM	DX DISTURBED SLEEP PATTERN
8:57:40 PM	[REDACTED]
8:57:47 PM	START CAL
9:02:43 PM	BASELINE SPO2 96 ETCO2 36 HR 124 ON ROOM AIR
9:03:01 PM	LIGHTS OUT
9:24:50 PM	AWAKE
11:43:43 PM	PT COUGHING
4:22:33 AM	arousals
4:29:43 AM	pt coughing
5:27:14 AM	baseline spo2 94 etco2 41 hr 93 on room air
5:27:40 AM	end cal
5:28:30 AM	lights on

POLYSOMNOGRAM INTERPRETATION:

An 11-channel polysomnogram was done on a 4 year old F with a history of snoring. The study was performed to assess nocturnal respiratory function. The study was performed overnight in the sleep laboratory with a polysomnographic technician in attendance the entire time of the study. The study was scored by epoch by epoch review of the raw data. As the interpreting physician, I reviewed the raw data in a similar, epoch by epoch fashion. The patient slept in a dark and comfortable environment. The study was technically adequate. Relevant medications include:

Current Outpatient Prescriptions:

- FLOVENT HFA 44 MCG/ACT inhaler, Inhale 2 Puffs twice daily., Disp: 1 Inhaler, Rfl: 5
 - montelukast (SINGULAIR) 4 mg chewable tablet, Take 1 Tab by mouth every evening., Disp: 30 Tab, Rfl: 5
 - fluticasone propionate (FLONASE) 50 mcg/act nasal spray, 1 Spray each nostril daily., Disp: 1 Inhaler, Rfl: 2
 - raNITidine 75 mg/5 mL syrup, Take 3.5 mL by mouth nightly (at bedtime) for 30 days., Disp: 105 mL, Rfl: 3
- The patient was observed for 514.5 minutes of which 432.0 minutes were sleep. The sleep time % was 85.7.

There were 8 central pauses, the longest of which lasted 11.5 seconds. None of these were associated with oxyhemoglobin desaturation to less than 90%, and 4 were associated with arousal.

There were 15 obstructive events, the longest of which lasted 15.5 seconds. None were associated with oxyhemoglobin desaturation to less than 90%, and 12 were associated with arousal.

Obstructive apnea index = 2.08 OA/hr.

There were no mixed events.

There were 98 episodes of hypopnea, the longest of which lasted 20.0 seconds. None of these were associated with oxyhemoglobin desaturation to less than 90%, and 79 were associated with arousal.

These respiratory events were more prevalent during REM sleep.

REM AHI: 38.2 events/hour

Overall AHI: 16.8 events/hour

RDI: 17.63 events/hour

The mean respiratory rate during REM and NREM sleep was 17.75 and 19.20 breaths per minute respectively.

There were no episodes of oxyhemoglobin desaturation to less than 90%. The mean SpO2 during REM and NREM sleep was 97% and 96%. The SpO2 nadir was 91%.

There were frequent episodes of desaturation of 3% or more.

There was no elevation of EtCO2 greater than 50 mmHg.

The mean heart rate during sleep was 99.2 beats per minute.

There were no episodes of bradycardia defined by heart rate less than 50 beats per minute.

The EKG tracing appeared normal.

There was infrequent snoring, which lasted 5.2% of total sleep time.

Snoring occasionally appeared to be associated with arousals and/or paradoxical breathing.

There were 6 snoring-associated arousals.

There was infrequent periodic breathing, which lasted 1.81 minutes of sleep time.

Progress Notes

VIJAY-MURUGESH,JOTHIKA
MRN: 31664981
DOB: 8/4/2013, Sex: F
Adm: 3/17/2018, D/C: 3/17/2018

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM (continued)

Sleep latency was 58.3 minutes, which is prolonged.
REM latency was 328.5 minutes, which is prolonged.
Sleep architecture was notable for reduced REM time.
Sleep was not efficient and there were frequent arousals.
Total arousal index: 34.9 arousals/hour of sleep.

There were not periodic limb movements during sleep associated with arousal.
Periodic limb movement index: 0.0 events/hours of sleep.

IMPRESSION:

This study reveals obstructive sleep apnea-hypopnea syndrome with obstructive apneas and more frequent hypopneas. Mild snoring was also noted.

Gas exchange is normal.

Sleep architecture is notable for reduced REM time and sleep disruption.

In summary, this study reveals obstructive sleep apnea-hypopnea syndrome.

[REDACTED] M.D.

Diplomate in Sleep Medicine

Sleep Medicine Diagnosis:
Sleep Related Breathing Disorders

Nursing Note by [REDACTED] at 3/18/2018 12:54 AM

Author: [REDACTED]
Filed: 3/18/2018 12:54 AM
Status: Signed

Service: (none)
Date of Service: 3/18/2018 12:54 AM
Editor: [REDACTED] (Technician)

Author Type: Technician
Note Type: Nursing Note

Sleep study complete.

END OF REPORT

Ambulatory Report

VIJAY MURUGESH, JESSICA
MRN: 30743985
DOB: 9/16/2010, Sex: F
Enc. Date: 03/15/18

Encounter-Level E-Signatures:

There are no encounter-level e-signatures.

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM

Author: [REDACTED] MD
Filed: 4/12/2018 11:25 AM
Status: Addendum
Related Notes:
Service: Pulmonology
Date of Service: 3/17/2018 11:59 PM
Editor: [REDACTED] MD (Physician)
Original Note by Todd Burchard (Technician) filed at 4/10/2018 8:35 AM

Author Type: Physician
Note Type: Progress Notes

Total Sleep Time less than 6 hours.

Polysomnography Report

PATIENT'S NAME: VIJAY MURUGESH, JESSICA GENDER: F MRN: 30743985
DATE OF BIRTH: 9/16/2010 DATE OF SERVICE: 3/17/2018

Indication(s) for study: Disturbed sleep pattern

Referring Physician: [REDACTED] Interpreting Physician: [REDACTED]
Recording Technician: [REDACTED] Scoring Technician: [REDACTED]
Primary Care Provider: Provider Pending, OD cc:

At Study Initiation (check all that apply):		X Breathing room air unassisted		Artificial airway	
Mechanical ventilation	BiPAP	CPAP	Supplemental O ₂ @	LPM	
Total Recording Time (TRT):	435.6 min (7.26 hrs)		Total Sleep Time (TST):	186.0 min (3.10 hrs)	
Time In Bed (TIB):	418.2 min (6.97 hrs)		Percent Sleep Efficiency:	44.5%	
Time Lights Off:	10:27:05 PM		Time Lights On:	5:25:17 AM	

RESPIRATORY EVENTS

OBSTRUCTIVE AND MIXED APNEAS

Total number of episodes (6 sec or more / 2 breaths)
associated with SpO₂ less than 90%
associated with greater than or equal to 3% SpO₂ desaturation
associated with arousal
Duration of longest episode

OBSTRUCTIVE (OA)

5
0
1
5
10.0 seconds

MIXED (MA)

0
0
0
0
0.0 seconds

CENTRAL APNEAS*

Total number of episodes (6 sec or more / 2 breaths)
associated with SpO₂ less than 90%
associated with greater than or equal to 3% SpO₂ desaturation
associated with arousal
associated with decreased heart rate**
Duration of longest episode

CENTRAL (CA)

1
0
1
1
0
9.0 seconds

* Centrals scored based on association with an arousal or 3% desaturation, or being at least 20 seconds in duration.

** Less than 50 beats per minute for at least 5 seconds or less than 60 beats per minute for 15 seconds (infants under 1 year of age only).

HYPOPNEAS*

Total number of episodes (6 sec or more / 2 breaths)
associated with SpO₂ less than 90%
associated with greater than or equal to 3% SpO₂ desaturation
associated with arousal
Duration of longest episode

HYPOPNEA (HYP)

20
0
5
19
21.0 seconds

* Hypopneas scored based on association with an arousal or 3% desaturation.

RESPIRATORY TOTALS

	OA	MA	CA	HYP	APNEAS + HYP
TST	5	0	1	20	26
REM	0	0	0	0	0
NREM	5	0	1	20	26

RESPIRATORY INDICES

Apnea Index (AI)	1.94
Obstructive Apnea Index (OAI)	1.61
Hypopnea Index (HI)	6.5
Apnea + Hypopnea Index (AHI)	8.4
REM AHI	0.0
Respiratory Disturbance Index (RDI)	10.66

Progress Notes

VIJAY MURUGESH, JESSICA
 MRN: 30743985
 DOB: 9/16/2010, Sex: F
 Adm: 3/17/2018, D/C: 3/17/2018

Progress Notes by [REDACTED], MD at 3/17/2018 11:59 PM (continued)

PERIODIC BREATHING

Periodic breathing total duration: 0.00 minutes

PATIENT'S NAME: VIJAY MURUGESH, JESSICA
 DATE OF BIRTH: 9/16/2010

GENDER: F MRN: 30743985
 DATE OF SERVICE: 3/17/2018

OXIMETRY SUMMARY

SpO ₂	Duration (min)	% TST
Greater than or equal to 95%	186.00	100.00
90 - 94%	0.00	0.00
80 - 89%	0.00	0.00
Less than 80%	0.00	0.00

Minimum SpO ₂	(during TST)	95%
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	WAKE	REM	NREM	TST	TIB
Average SpO ₂	100%	98%	97%	97.09%	99%
Baseline SpO ₂ : 99% (at lights out)					
X On room air entire study					
During study, placed on:					
Oxygen, Max LPM O ₂	Time O ₂ started:				
BiPAP	Time BiPAP started:				
CPAP	Time CPAP started:				
Comments:					

END TIDAL CARBON DIOXIDE (EtCO₂)

Baseline EtCO ₂	39
TST Above 55 torr	0.00 minutes
% TST Above 50 torr	0.54%
Peak EtCO ₂ during TST	51.4 (E. 481)

SNORING

%TST	29.9%
associated with arousals:	7
Comments :	

SLEEP STAGE SUMMARY

	Minutes	% TST	% TIB	# Occurrences
N1	2.5	1.3	0.6	4
N2	40.5	21.8	9.7	11
N3	126.50	68.01	30.30	3.00
R	16.5	8.9	3.9	3
W	232.2		55.5	3

LATENCY SUMMARY

	From Lights Off	From Sleep Onset
Sleep Latency (SL)	47.8	
R Onset Latency		78.0
N3 Onset Latency	54.8	7.0

AROUSAL SUMMARY

Number of Arousals:	68
Number of Awakenings:	1
Arousal Index	21.9
Wake after Sleep Onset (min):	1.0

EEG Abnormalities:

Progress Notes

VIJAY MURUGESH, JESSICA

MRN: 30743985

DOB: 9/16/2010, Sex: F

Adm: 3/17/2018, D/C: 3/17/2018

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM (continued)

PATIENT'S NAME: VIJAY MURUGESH, JESSICA

GENDER: F

MRN: 30743985

DATE OF BIRTH: 9/16/2010

DATE OF SERVICE: 3/17/2018

HEART RATE SUMMARY

	WAKE	REM	N1	N2	N3
Mean (BPM)	93.7	81.7	91.8	83.3	86.2
Highest Heart Rate during sleep (BPM):	129	Average Heart Rate during sleep (BPM):		85.3	
Highest Heart Rate during recording (BPM):	137	Lowest Heart Rate during sleep (BPM):		60	

CARDIAC EVENT SUMMARY (check if present):

Bradycardia, lowest HR observed:
Asystole, longest pause observed:
Atrial Fibrillation, longest duration observed:
Narrow Complex Tachycardia, highest HR observed:
Wide Complex Tachycardia, highest HR observed:
Sinus Tachycardia, highest HR observed:
Other arrhythmias:

MOVEMENT EVENTS

	Total # of Movements	Index
Periodic Limb Movement of Sleep (PLMS)	0	0.0
PLMS with arousal (PLM-Arousal)	0	0.0

Behavioral Observation Comments:

Additional Comments:

Technician Comments

Time Entered	Comment
10:12:02 PM	TECH: TARA L. DIGIACOMO, RPSGT ROOM 3B324
10:12:05 PM	JESSICA VIJAY MURUGESH DOB: 9/16/2010 MR#: 30743985
10:12:07 PM	DISTURBED SLEEP PATTERN
10:12:09 PM	BASELINE SPO2=100 / ETCO2=42.8
10:12:11 PM	STUDY INITIATED ON ROOM AIR
10:25:24 PM	VERBALLY CONFIRMED PATIENT NAME / DOB
10:25:36 PM	DEVICE CALS
10:27:07 PM	LIGHTS OUT
10:27:29 PM	CONFIRMING PATIENT ID
10:29:10 PM	TECH IN ROOM- CORRECT R/LEG
10:31:43 PM	TCH OUT OF ROOM
10:39:02 PM	DAD SITTING ON END OF BED SPEAKING WITH PT
10:41:23 PM	AWAKE
11:07:40 PM	CALLED TO HAVE ROOM TEMPERATURE LOWERED TO ELIMINATE SWEAT ARTIFACT
11:11:06 PM	TECH IN ROOM- REMOVE BLANKET TO ELIMINATE SWEAT ARTIFAAC
11:13:07 PM	TECH OUT OF ROOM- WOKE PT

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM (continued)

Technician Comments

Time Entered	Comment
11:13:07 PM	TECH OUT OF ROOM- WOKE PT
11:43:35 PM	SUPINE, QUIET
12:13:36 AM	SUPINE, SOFT SNORE
12:22:50 AM	MOVEMENT
12:23:16 AM	PT RESTLESS
12:42:43 AM	SUPINE, QUIET
1:14:48 AM	SUPINE, QUIET
1:42:34 AM	SUPINE, QUIET
2:12:59 AM	L/SIDE, SOFT SNORE
2:43:19 AM	SUPINE, QUIET
3:12:46 AM	SUPINE, QUIET
3:13:40 AM	AWAKE
3:16:19 AM	PT TO L/SIDE
3:24:18 AM	MOVEMENT
3:24:44 AM	PT SPEAKING TO DAD
3:33:09 AM	AWAKE
3:43:20 AM	SUPINE, QUIET
4:08:45 AM	PT SITTING UP
4:08:54 AM	PT SPEAKING TO DAD
4:09:03 AM	LYING DOWN- SUPINE
4:09:26 AM	TECH IN ROOM
4:09:54 AM	PT TO RESTROOM
4:15:01 AM	PT BACK TO BED. TECH OUT OF ROOM.
4:40:17 AM	PT SITTING UP
4:40:24 AM	LYING DOWN SUPINE
4:43:05 AM	AWAKE
5:12:42 AM	AWAKE
5:24:58 AM	STUDY COMPLETED ON ROOM AIR. SPO2=100 / ETCO2=40.2
5:25:17 AM	LIGHTS ON
5:25:23 AM	DEVICE CALS

POLYSOMNOGRAM INTERPRETATION:

An 11-channel polysomnogram was done on a 7 year old F with a history of snoring and sleep disturbance. The study was performed to assess nocturnal respiratory function. The study was performed overnight in the sleep laboratory with a polysomnographic technician in attendance the entire time of the study. The study was scored by epoch by epoch review of the raw data. As the interpreting physician, I reviewed the raw data in a similar, epoch by epoch fashion. The patient slept in a dark and comfortable environment. The study was technically adequate. Relevant medications include:

Current Outpatient Prescriptions:

- FLOVENT HFA 44 MCG/ACT inhaler, Inhale 2 Puffs twice daily., Disp: 1 Inhaler, Rfl: 5
- montelukast (SINGULAIR) 5 mg chewable tablet, Take 1 Tab by mouth every evening., Disp: 30 Tab, Rfl: 5
- ranitidine 75 mg/5 mL syrup, Take 5 mL by mouth nightly (at bedtime) for 30 days., Disp: 150 mL, Rfl: 0
- fluticasone propionate (FLONASE) 50 mcg/act nasal spray, 1 Spray each nostril daily., Disp: 1 Inhaler, Rfl: 5
- saccharomyces boulardii (FLORASTOR) 250 mg capsule, Take by mouth daily., Disp: , Rfl:
- Multiple Vitamins-Minerals (MULTIVITAMINS) CHEW, Take by mouth daily., Disp: , Rfl:
- Omega-3 1000 mg capsule, Take 300 mg by mouth daily., Disp: , Rfl:

The patient was observed for 435.6 minutes of which 186.0 minutes were sleep. The sleep time % was 44.5, which is reduced

There was 1 central pause, which lasted 9.0 seconds. This was unassociated with oxyhemoglobin desaturation to less than 90%, and was associated with arousal.

There were 5 obstructive events, the longest of which lasted 10.0 seconds. None were associated with oxyhemoglobin desaturation to less than 90%, and all 5 were associated with arousal.

Obstructive apnea index = 1.61 OA/hr.

There were no mixed events.

There were 20 episodes of hypopnea, the longest of which lasted 21.0 seconds. None of these were associated with oxyhemoglobin desaturation to less than 90%, and 19 were associated with arousal.

Overall AHI: 8.4 events/hour

RDI: 10.66 events/hour

The mean respiratory rate during REM and NREM sleep was 15.65 and 17.00 breaths per minute respectively.

There were no episodes of oxyhemoglobin desaturation to less than 90%. The mean SpO2 during REM and NREM sleep was 98% and 97%. The SpO2 nadir was 95%.

There were ~9 episodes of desaturation of 3% or more.

There was no significant elevation of EtCO2 greater than 50 mmHg.

The mean heart rate during sleep was 85.3 beats per minute.

There were no episodes of bradycardia defined by heart rate less than 50 beats per minute.

The EKG tracing appeared normal.

There was frequent snoring, which lasted 29.9% of total sleep time.

Snoring did appear to be associated with arousals and/or paradoxical breathing.

There were 7 snoring-associated arousals.

There was no periodic breathing.

Sleep latency was 47.8 minutes, which is prolonged.

REM latency was 78.0 minutes, which is acceptable.

Sleep architecture was notable for all stages of sleep being recorded despite short overall sleep time.

Sleep was not efficient and there were frequent arousals.

Total arousal index: 21.9 arousals/hour of sleep.

The patient awakened at ~0230 and was unable to return to sleep thereafter

There were not periodic limb movements during sleep associated with arousal.

Progress Notes

VIJAY MURUGESH, JESSICA
MRN: 30743985
DOB: 9/16/2010, Sex: F
Adm: 3/17/2018, D/C: 3/17/2018

Progress Notes by [REDACTED] MD at 3/17/2018 11:59 PM (continued)

Periodic limb movement index: 0.0 events/hours of sleep.

IMPRESSION:

This study is limited by short sleep time. Despite this, some evidence of obstructive sleep apnea-hypopnea syndrome is evident. There are episodes of obstructive apnea and hypopnea along with frequent snoring and arousals.

Gas exchange is normal.

Sleep architecture is notable for sleep disruption.

In summary, this study is limited by short overall sleep time, but does have evidence of obstructive events and snoring. Clinical correlation is suggested.

[REDACTED], M.D.

Diplomate in Sleep Medicine

Sleep Medicine Diagnosis:

Sleep Related Breathing Disorders

Nursing Note by [REDACTED] RRT at 3/18/2018 4:21 AM

Author: [REDACTED] RRT
Filed: 3/18/2018 4:22 AM
Status: Signed

Service: (none)
Date of Service: 3/18/2018 4:21 AM
Editor: [REDACTED] RRT (Respiratory Therapist)

Author Type: Respiratory Therapist
Note Type: Nursing Note

PSG COMPLETED PER ORDER.

END OF REPORT