



NORTH TEXAS SLEEP DISORDERS CENTER

Neurology Associates of Arlington, P.A
2800 East Broad St. Suite # 414
Mansfield, Texas 76063
(817) 225-0420 Fax (817) 453-8872

Robert E. McMichael, M.D.
Medical Director

Patient Instructions for a Diagnostic Sleep Study

Name: _____

Your doctor has requested for you to have a sleep study performed at the North Texas Sleep Disorders Center, located in the Professional Office Building of the Methodist Mansfield Hospital..

Your sleep study has been scheduled for _____ at _____.

Enter the Hospital Campus on the East side, entering from Miller Street. You will be facing the Professional Office Building. Park, and then enter the building through the front doors. The first set of doors will be open, but the second set will be locked. On the frame of the foyer, on the left side is a small intercom box. Just press the button, and it will ring to the Sleep Lab up stairs. A technician will answer you, and then come to let you in the building. You will take the elevator to the 4th floor, and then exit the elevator to the left, following the hallway until it turns to the left. At the end of the north hallway on the left hand side is the door to suite 414. If you have any questions, special needs, or are unable to keep this appointment, please call (817) 419-6375 before 5:00 PM. If you are calling after business hours, please leave a message and your call will be returned on the next business day.

Enclosed you will find instructions to follow the day of your test, an information sheet explaining the procedure, and questionnaires. To assist us with your evaluation, please complete the questionnaires and bring them with you to the sleep lab on the night of your test.

On the day of your test, please follow the instructions listed below:

- Avoid caffeine-containing products such as coffee, tea, or carbonated soft drinks after lunch.
- Do not take any naps the day of the test.
- Take all prescribed medications, as ordered.
- If you are scheduled for a daytime sleep test on the day following your nighttime test your meals will be provided. Please bring comfortable clothes for your naps, such as sweats, shorts, etc. You will need to stay awake between your naps.
- If you are scheduled for daytime testing for Narcolepsy, please provide a list of medications to the sleep center two weeks prior to your test. Some medications can affect the test.
- Bring comfortable sleeping attire, such as shorts and a T-shirt, pajamas, nightgowns, bathrobe, slippers, etc. (No silky material or tight leggings, please).
- Bring any items you may need to wash and dress in the morning, such as toothbrush, facial soap, shaving equipment, blow dryer, etc. We have a full bathroom with a shower.
- **Women:** If you have acrylic nails, please remove one of them. We monitor your oxygen level and the sensor does not read accurately through the artificial nail.
- Before coming to your appointment, please shower and shampoo your hair. Please do not apply any conditioners, creams, oils or dressings to your hair or skin.
- **Please notify us if you have Hair pieces, Weaves, Extensions, etc., as these may interfere with standard EEG electrode positioning.**

North Texas Sleep Disorders Center Sleep Study Information

The purpose of the sleep study is to look for any respiratory, neurological, or physical problems that occur during sleep. These may cause either an inability to sleep or excessive daytime sleepiness. This is a diagnostic tool. It is not a treatment for your problem.

If you have not already completed your questionnaire, you will be asked to fill one out prior to the testing.

When you come to the sleep center, the technologist will attach monitoring electrodes to your scalp and chin using a conductive paste. The paste is easily dissolved with warm water. Tape is used to attach electrodes around your eyes and on your legs during the night.

Electrodes to monitor your heart are attached to your chest. Stretchy bands will be placed around your chest and abdomen to monitor respiratory effort. A small sensor is taped under your nose that monitors airflow from your nose and mouth. Oxygen in the blood is evaluated by attaching a sensor to one of your fingers. This device shines a small light through the tissue of the fingers and measures how much oxygen is in the blood.

After all the electrodes are attached they are plugged into a box, which is connected to a computer. This is where the information will go during the night while you are sleeping.

Once the study has started, if you wake up and need to use the bathroom or get out of bed for any reason, you must call the technologist. The wires to the box are too short to allow you to get up without assistance. There is an intercom in your room, which will allow the technologist to hear you. To alert the technologist, simply call and someone will be in to assist you. If you do not get an immediate response, please call again. The technologist may be with another patient and temporarily unable to respond immediately. Do not try and get out of bed by yourself.

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Sleep History

Name _____ Date of birth _____

Phone _____
Home Cell Work

What is your main sleep problem? _____

When do you go to bed? Weekdays _____ AM or PM Weekends _____ AM or PM

When do you get up? Weekdays _____ AM or PM Weekends _____ AM or PM

Circle any of these things that you do in bed: watch TV listen to radio read eat do work

Please circle any of the following that apply to you.

Daytime drowsiness

Frequently talk in your sleep

Snore

Get out of bed while still asleep

Wake up snoring

Wake up extremely confused

Have been told that you stop breathing in sleep

Intrusive thoughts before falling asleep

Wake up gasping

Difficulty maintaining sleep

Wake up with a dry mouth

Vivid dreams right after awakening

Doze off while driving

Vivid dreams just before falling asleep

Doze off at a stop light

Hallucinations right after awakening

Fall asleep during physical activity

Hallucinations just before falling asleep

Very frequent night sweats

Wake up unable to move

Nightmares

Go limp when startled, excited, or angry

Wake up screaming

Grind your teeth at night

Act out dreams

Crawling feeling in legs at night

Fall out of bed

Cannot keep legs still at night

Kick during sleep

Limb jerks disturb sleep

Punch during sleep

Daytime restless legs

