

ApneaLink - Report of 10/27/2022 1:06 AM

Treating physician

Dr. Desiree Tulloch-Reid

Referral to

Patient data

First name: KAYDEEN
 Last Name: CAMPBELL
 Street:
 City, ST, Zip:
 Phone:

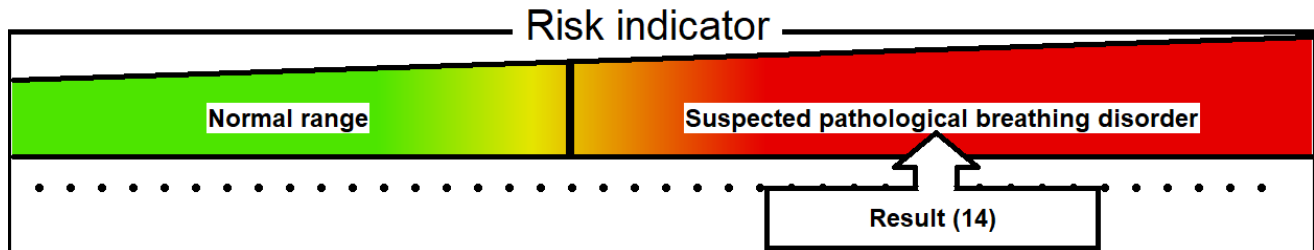
Patient ID: KPH # 812594
 DOB: 5/10/1991
 Height: 0 ft 0 in
 Weight: 0.00 lbs
 BMI: kg/m²

Recording

Date: 10/21/2022
 Start: 10:00 PM .
 End: 5:57 AM .
 Duration: 7 h 58 min

Evaluation

Start: 10:33 PM .
 End: 5:53 AM .
 Duration: 6 h 12 min



* See Clinical Guide for abbreviations and ResMed standard parameters

Analysis (Flow evaluation period: 6 h 12 min / SpO₂ evaluation period: 6 h 22 min)

Indices

| | Normal | Result |
|-----------------------------------|-----------------|---|
| AHI*: | 8.5 < 5 / h | Average breaths per minute [bpm]: 15.62 |
| RI*: | 13.6 < 5 | Breaths: 5816 |
| Apnea index: | 1.9 < 5 / h | Apneas: 12 |
| UAI: | 0 | Unclassified apneas: 0 (0%) |
| OAI: | 1.6 | Obstructive apneas: 10 (83%) |
| CAI: | 0.3 | Central apneas: 2 (17%) |
| MAI: | 0 | Mixed apneas: 0 (0%) |
| Hypopnea index: | 6.6 < 5 / h | Hypopneas: 41 |
| % Flow lim. Br. without Sn (FL): | 63 < Approx. 60 | Flow lim. Br. without Sn (FL): 3686 |
| % Flow lim. Br. with Sn (FS): | 0 < Approx. 40 | Flow lim. Br. with Sn (FS): 12 |
| | | Snoring events: 115 |
| ODI Oxygen Desaturation Index*: | 6.6 < 5 / h | No. of desaturations: 42 |
| Average saturation: | 95 94% - 98% | Saturation <= 90% : 65 min (17%) |
| Lowest desaturation: | 79 - | Saturation <= 85% : 41 min (11%) |
| Lowest saturation: | 71 90% - 98% | Saturation <= 80% : 18 min (5%) |
| Baseline Saturation: | 98 % | Saturation <= 89% : 61 min (16%) |
| | | Saturation <= 88% : 58 min (15%) |
| Minimum pulse: | 58 > 40 bpm | |
| Maximum pulse: | 115 < 90 bpm | |
| Average pulse: | 75 bpm | |
| Proportion of probable CS epochs: | 0 0% | |

Analysis status: Edited manually

Analysis parameters used (User-defined)

Apnea [20%; 10s; 80s; 1.0s; 20%; 60%; 8%]; Hypopnea [70%; 10s; 100s; 1.0s]; Snoring [6.0%; 0.3s; 3.5s; 0.5s]; Desaturation [3.0%]; CSR [0.50]

Comments

Recording comment:
 Sleep Disordered Breathing present: Mild Obstructive Sleep Apnea by American Academy of Sleep Medicine (AASM) criteria. There were relatively few hypopneas (total 41) and apneas (total 12). There were 2 hypopneas lasting over a minute- the longest hypopnea recorded lasted approximately 2 minutes and 43 seconds. The longest apnea lasted approximately 15 seconds(obstructive). Patient had a large percentage of flow limited breaths (at least 63 %), hence further elevation in the Risk Indicator (RI). Periods of sustained flow limitation were evident throughout the recording. Flow limitation occurred without snoring (63%). Less than 1% of breaths were flow limited with snoring. Note is made of the elevated oxygen desaturation index (ODI) : 6.6/ hour and the lowest oxygen desaturation of 79 %. Bradycardia was not detected during the study (minimum pulse 58/ min). The finding of increased flow limitation is consistent with Upper Airways Resistance Syndrome (UARS). UARS is a form of sleep disordered breathing and maybe a pre-cursor to obstructive sleep apnea or may represent a distinct condition. Patients generally experience Respiratory Effort Related Arousals (RERA's). Tachycardia was detected during the study: maximum

pulse: 115 /minute. Periodic Breathing was demonstrated briefly during the recording. 2 apneas (17%) appeared to be central/ pseudo-central rather than obstructive.

Impression: 1. Mild Obstructive Sleep Apnea by AASM criteria 2.Flow limitation consistent with Upper Airway Resistance Syndrome 3.

Tachycardia 4. Hypoxia 5. Periodic breathing

Comment: 1.Periodic breathing may occur due to cardiac failure with prolonged circulatory time. However it may reflect chemoreceptor-reflex dysfunction and central breathing control instability 2. Flow limited breathing maybe a pre-cursor to obstructive sleep apnea. Patients generally experience Respiratory Effort Related Arousals (RERA's) 3. Hypoxia appears to predict daytime hypoxemia in patients with obstructive sleep apnea and may increase risk of sudden cardiac events 4. Bradycardia may result from hypoxia or may reflect autonomic nervous system dysfunction 5.Tachycardia may result from a hypoxia induced catecholaminergic state or direct sympathetic activation.

comment: patient has small airway.

comment: longlasting flow limitation episodes may induce small increases in end-tidal CO2 (PetCO2) that can stimulate sympathetic nervous system activity. This can cause hypertension as well as cardiovascular and metabolic consequences.Sleep Sci. 2015 Jan-Mar; 8(1):

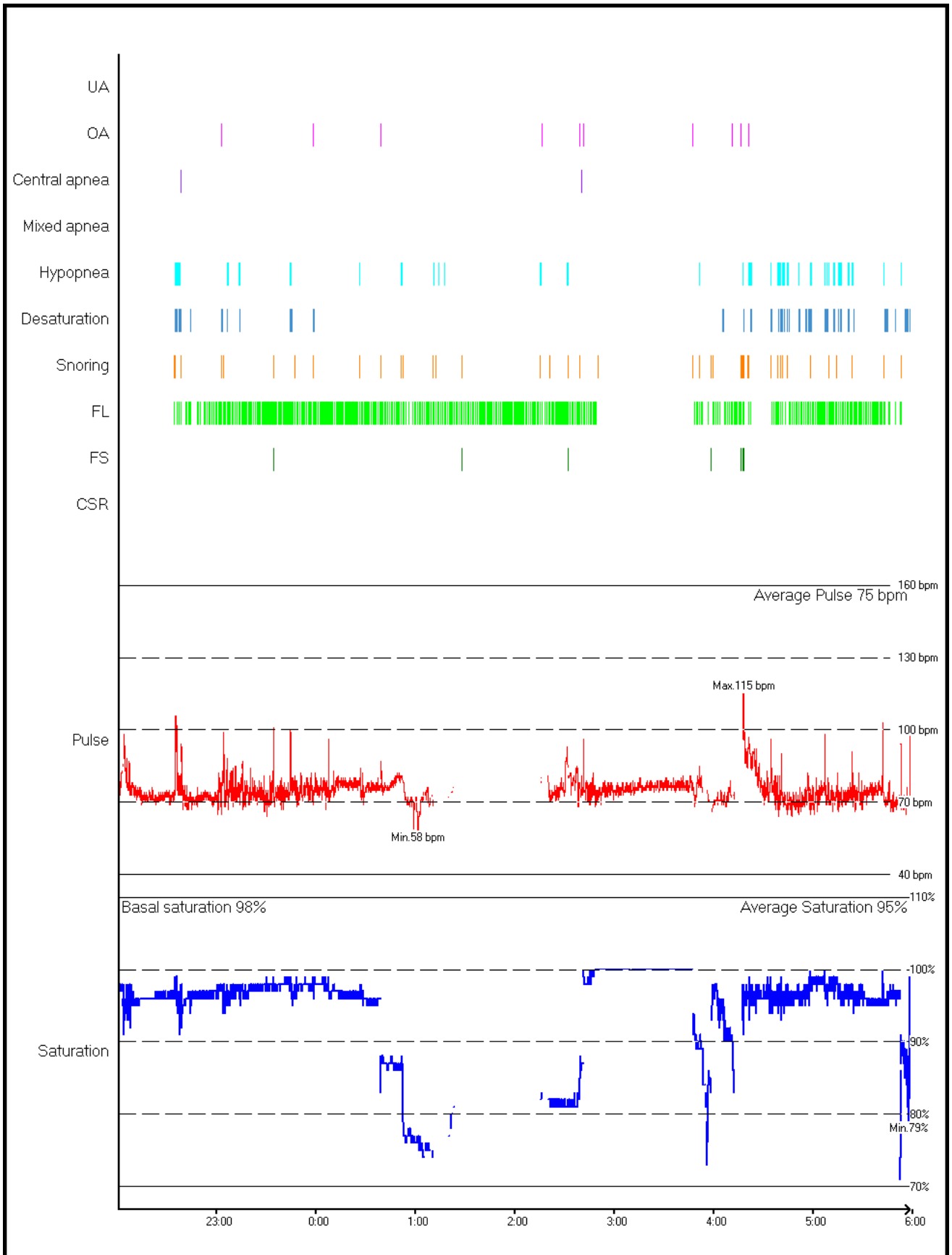
42-48.Published online 2015 Mar 20. doi: 10.1016/j.sisci.2015.03.001

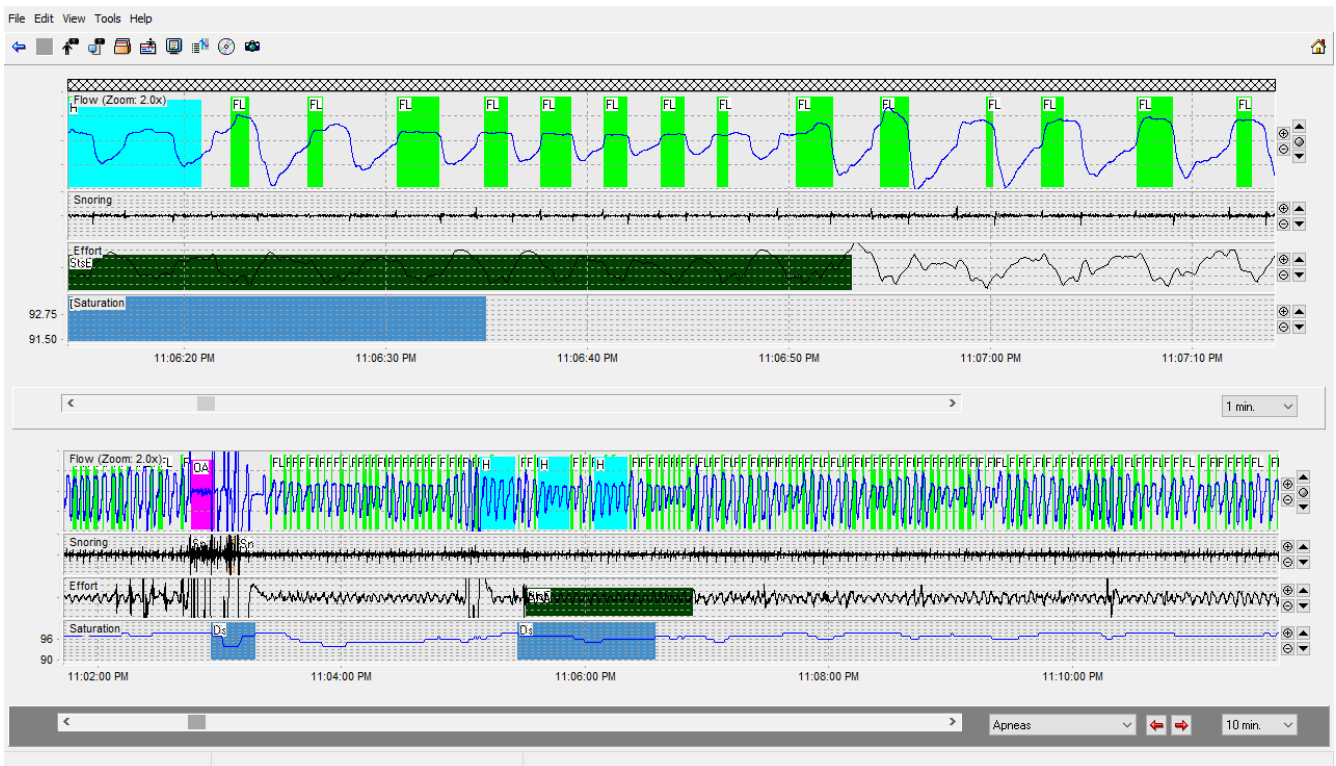
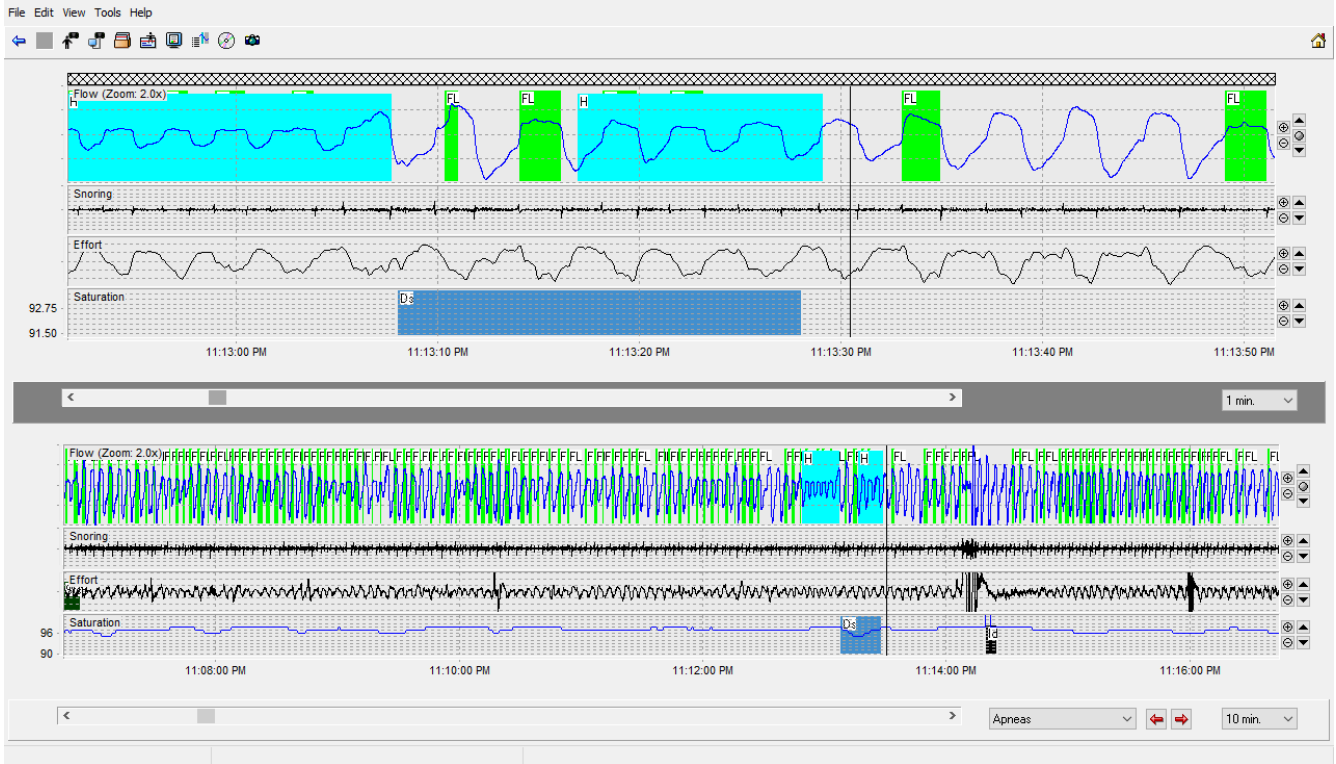
Recommendation: CPAP/APAP therapy or Mandibular Advancement Device if symptomatic; consider ENT evaluation to rule out multi-level obstruction

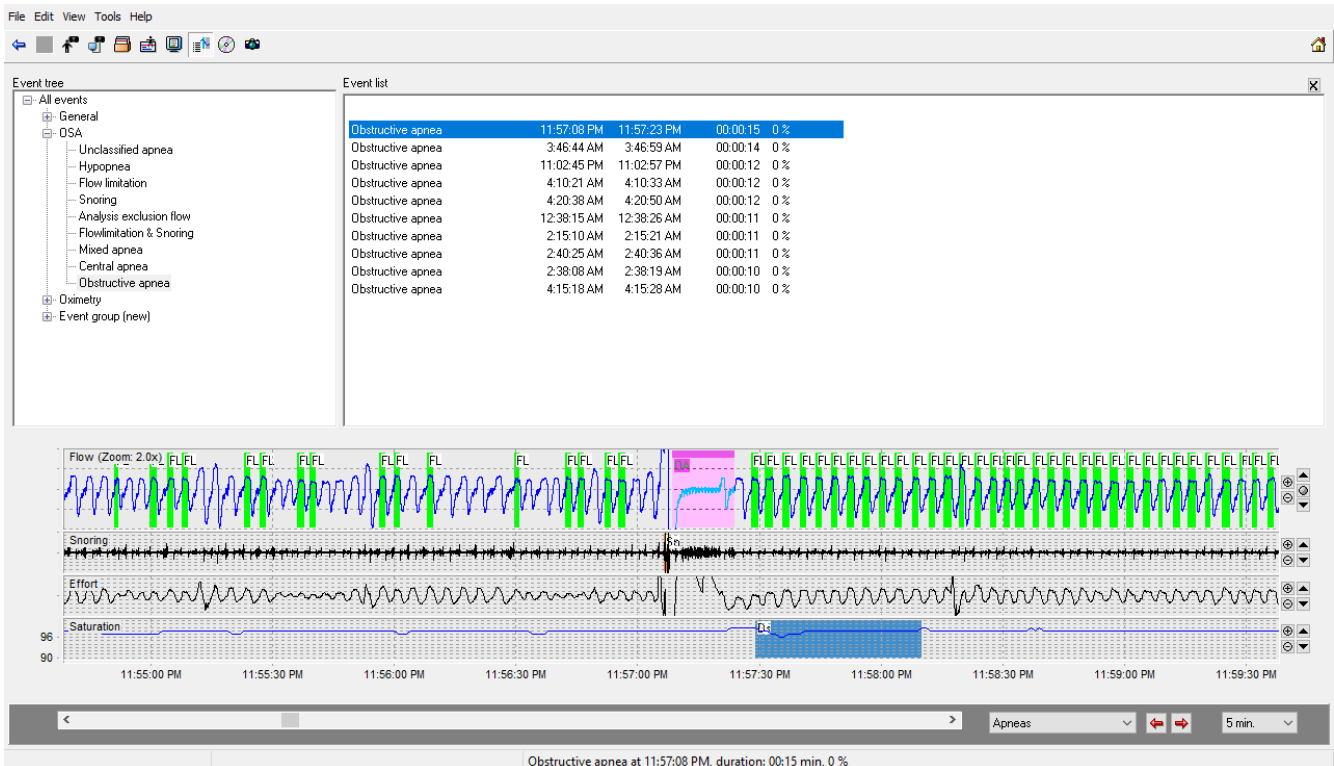
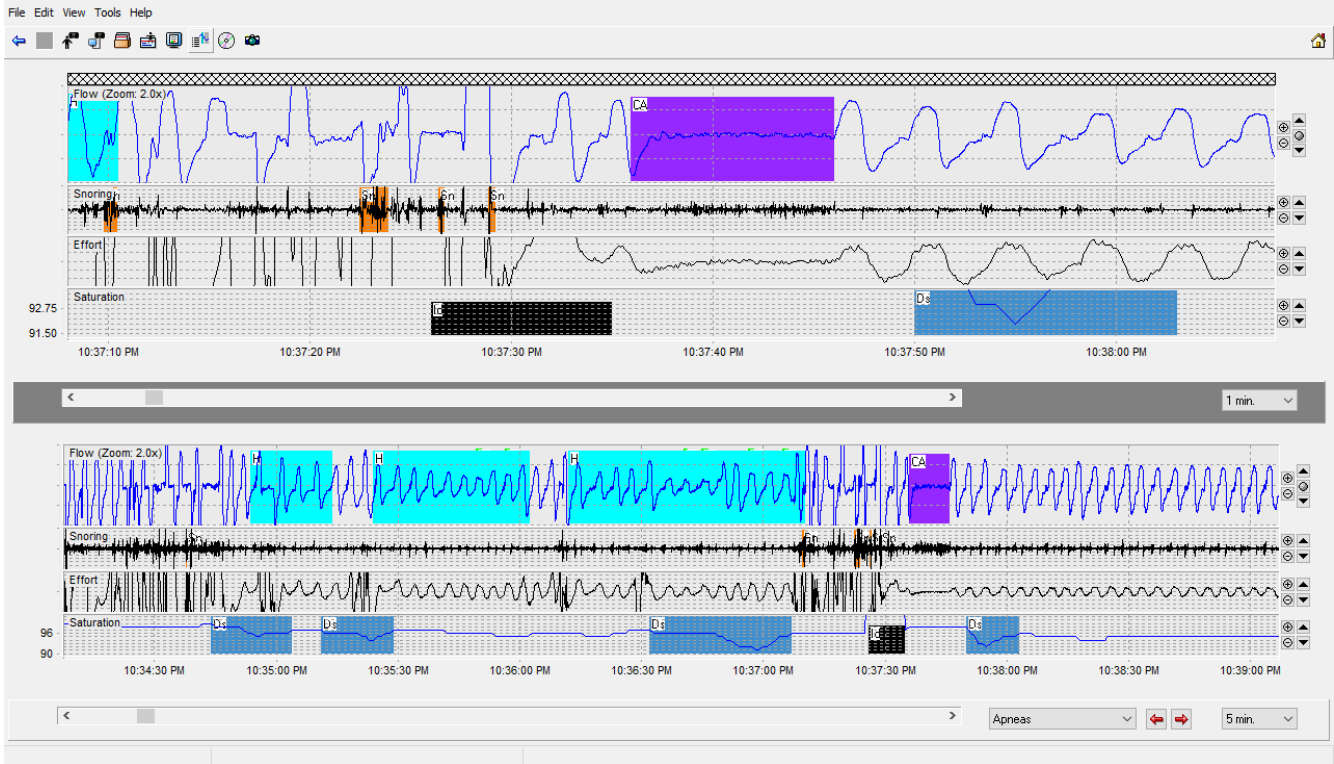
Mikael Tulloch-Reid MBBS FCCP.

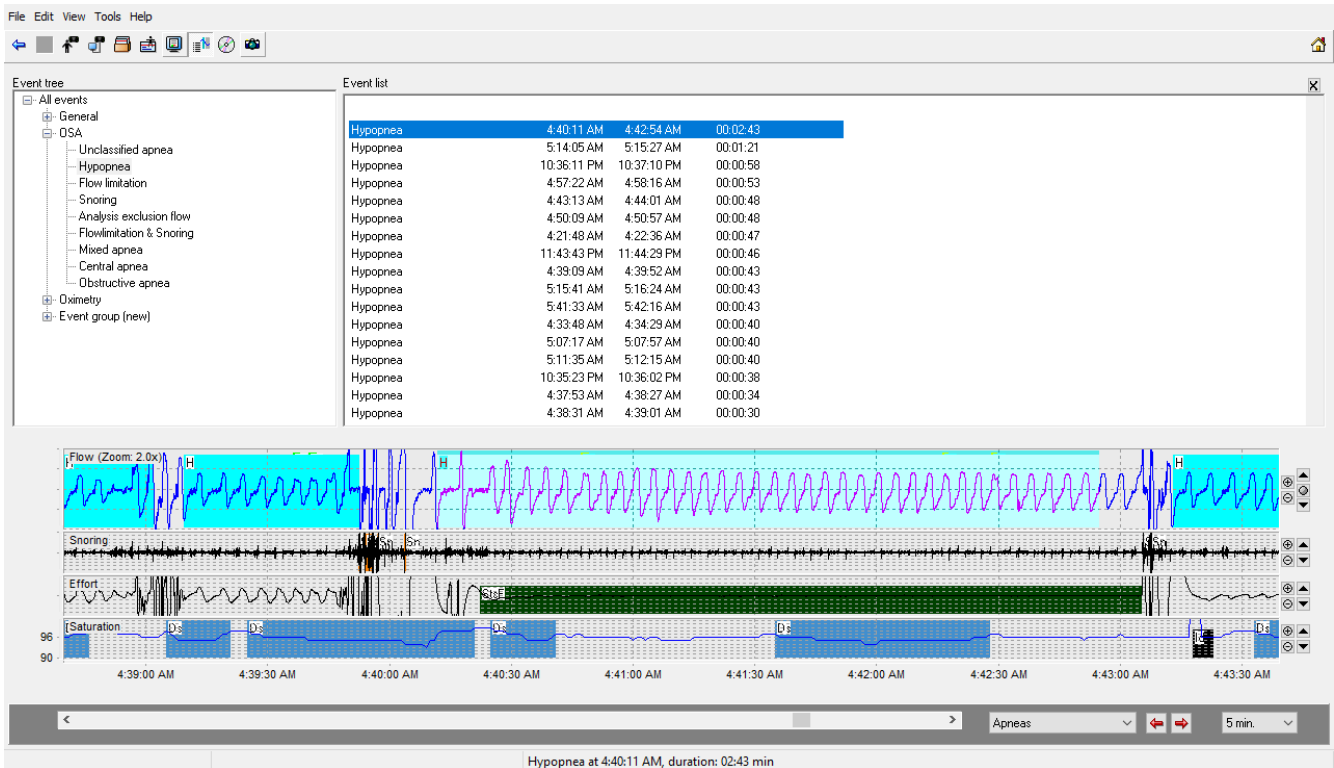
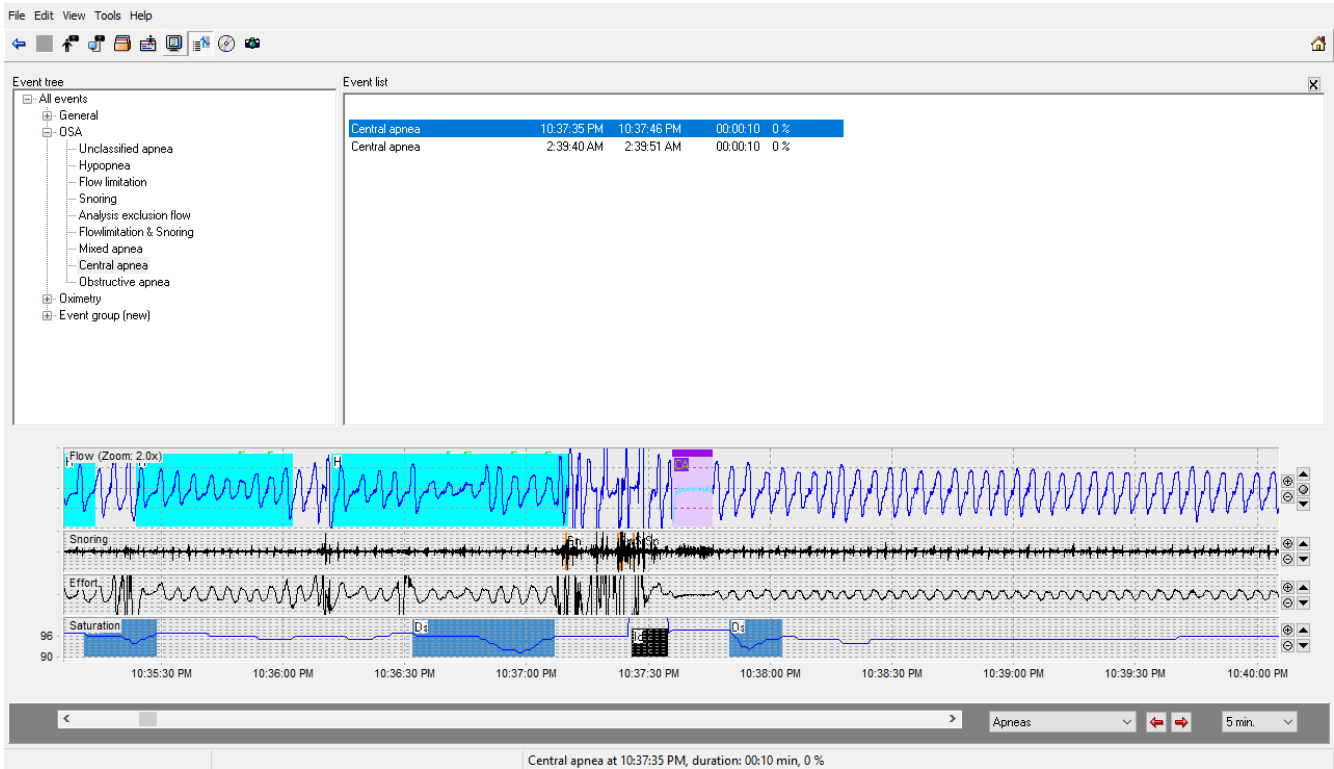
Patient card comment:

r/o SDB









Prescription for Therapy

Date: 10/27/2022

Patient Name: KAYDEEN CAMPBELL Date of Birth: 5/10/1991 Phone #: _____
 Address: _____ City, State: _____ Zip: _____

Prescribing Physician: _____ License #: _____ UPIN/NPI: _____
 Address: _____ City, State: _____ Zip: _____
 Phone #: _____ Email Address: _____

Diagnosis: _____ Study Date: 10/21/2022 AHI: 8.5 Estimated length of need: _____ mths (99 - lifetime)

327.23 Obstructive Sleep Apnea (adult & child)
 786.04 Cheyne-Stokes Breathing Pattern

327.21 Primary Central Sleep Apnea (Includes Complex Sleep Apnea)
 Other: _____

| Auto CPAP Therapy | Mask Interface |
|---|--|
| <input type="checkbox"/> AutoSet™w/ Easy-Breathe <input type="checkbox"/> Use Device Default Settings Mode: Auto Max Press: 20 cm H ₂ O Min Press: 4 cm H ₂ O EPR™: OFF <input type="checkbox"/> Mode: Auto (specify settings) Min Press: _____ cm H ₂ O (4 cm H ₂ O) Max Press: _____ cm H ₂ O (20 cm H ₂ O) Settling Time: _____ min(s) (OFF-45 min) EPR™: 1 2 3 (<i>circle one</i>) | <i>Mirage Nasal Masks</i> <input type="checkbox"/> Mirage™Micro <input type="checkbox"/> Mirage SoftGel™ <i>Swift Nasal Pillows</i> <input type="checkbox"/> Swift™ <i>Mirage Full Face Masks</i> <input type="checkbox"/> MirageQuattro™ <i>Other</i> <input type="checkbox"/> ResMed Mask: _____ |
| Data Management | Humidification |
| <i>Compliance Reporting & Efficacy Data</i> <input type="checkbox"/> 30-Day download <input type="checkbox"/> After _____ days, download data <input type="checkbox"/> After _____ days, for _____ month(s) | <input type="checkbox"/> Heated <input type="checkbox"/> Climate Line Tubing (available with S9) |

***Do not substitute**

Statement of Medical Necessity:

The above patient has undergone diagnostic evaluation. This evaluation has confirmed a positive diagnosis of sleep apnea. Positive airway pressure therapy is medically necessary and provides effective treatment of this disorder.

 Physician Signature

 Date