

Scheduled Sleep Study Date: _____; for _____

**Sleep Lab Checklist for
Pediatric Sleep Patients and Parents/Guardians**
(Please bring your insurance card)

1. Location of sleep study: 14000 Boys Town Hospital Road, Boys Town, NE 68010
Phone #: 531-355-6090
2. The arrival time for the sleep study is between 7:00 p.m. and 7:30 p.m.
3. Alternate care **must** be found for siblings. The reason to not bring in siblings is due to the need for quiet sleep study time; this is **especially** important for younger children. Without a quiet sleep study, the results may not be accurate.
4. A parent/guardian must stay for the sleep study for all children 19 years and younger. If siblings are also having a study, two parents are preferred – one for each child.
5. We will attempt to keep a normal bedtime for your child. Please bring all items for normal bedtime rituals:
 - a. Pajamas (tops & bottoms); no footie pajamas
 - b. Toothbrush
 - c. Diapers/pull-ups (if needed)
 - d. Electronic devices (sleep technician will explain time frame for use)
6. If your child has a particular ritual prior to bedtime that involves only one parent, please have that parent be the one staying for the study, if possible.
7. Dinner is not provided. Please eat prior to arrival.
8. Please bring any and all comfort items for sleep, such as a teddy bear, blanket, toy, etc.
9. Please remember, Boys Town National Research Hospital is a NO SMOKING facility.
10. Do not allow your child to consume caffeine on the day of the study.
11. Have your child refrain from napping the day of the study (if at all possible).
12. Please bring your child's medication list and all medications needed.
13. Please have your child bathe/shower and wash his or her hair on the day of the study. Do not wear hair in braids. **Hair must be dry and free of hair products. Please, no finger nail polish on toes.**
14. You may bring items such as cell phones, DVDs, etc. The sleep tech will determine the time for discontinuing their use.