Boys Town National Research Hospital
Sleep Study Order Set

Patient Information

Patient Name: _____ Date of Birth:_____ Case #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternative Phone: _____ Emergency Phone: _____

Ordering Physician: _____ Phone: _____ Fax: _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Primary Insurance: _____ Primary Insurance ID# _____

Secondary Insurance: _____ Secondary Insurance ID# _____

Parent(s)/Legal Guardian(s): _____

SLEEP STUDY ORDER SET

Sleep (Polysomnography) Study Orders:

- ❒ Pediatric Sleep Study (Diagnostic only)
- ❒ 2nd Night Sleep Study (CPAP titration)
- ❒ Maintenance of Wakefulness Test (MWT)

- ❒ Adult Sleep Study
- ❒ Split-Night (if qualifies)

Special Instructions

_____
_____
_____
_____

Indications for Sleep Study

- ❒ Excessive Daytime Sleepiness
- ❒ Suspected Obstructive Sleep Apnea
- ❒ Loud or Irregular Snoring
- ❒ Nocturnal Choking/Gasping
- ❒ Morning Headaches
  - ❒ Frequent Nocturnal Arousals
- ❒ Witnessed Apnea
- ❒ Possible Insomnia
- ❒ Suspected Narcolepsy
- ❒ Nocturnal Low Oxygen Saturation
- ❒ Other: _____

Post Sleep Study Orders: *Set up CPAP/BIPAP/positional therapies per recommendation in report will be arranged by the following:

- ❒ Refer patient to Boys Town Pediatric Pulmonologist or fax order to sleep lab technician for referral
- ❒ Physician office to arrange setup of CPAP/BIPAP/positional therapy

Physician Signature: _____ Time: _____ Date: _____

SLEEP EXAM DATA

Ordering Physician: Please fil out the information, and fax it and the last clinic note to (402) 778-6089.

Medical History:

- ❒ Seizures
- ❒ CAD/Hypertension
- ❒ CHF
- ❒ COPD/Asthma
- ❒ Diabetes
- ❒ GERD
- ❒ Infectious Disease (MRSA/VRE)
- ❒ Behavioral Health
- ❒ Stroke
- ❒ Other _____
- ❒ Medications:

Ordering Physician Signature

_____

Date: _____ **Time:** _____

Order taken by: _____

Scheduled Sleep Study Date: _____

Indications for Sleep Study

Height: _____ Weight: _____

Special Needs

- ❒ Nonambulatory/Wheelchair Bound
- ❒ Walker
- ❒ Oxygen Dependence _____ (LPM)
- ❒ Hearing/Vision Impairment
- ❒ Language Barrier

Previous Interventions (Surgical Sleep) Procedures:

- ❒ Tonsilectomy/UPP/Nasal Surgery
- ❒ Previous Polysomnogram
- ❒ Current CPAP/BiPAP settings
- ❒ Oral Appliance Device

Scheduling is done 12 p.m. – 8 p.m.

BOYS TOWN National Research Hospital®

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boystownhospital.org

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