

Blankenkaker, Eric L

MRN: 02511922

Procedure visit 11/13/2018 Provider: Linthicum, Samantha
INOVA NEURODIAGNOSTIC & SLEEP CENTER - FAIR OAKS Primary diagnosis: Obstructive sleep apnea (adult) (pediatric)
Reason for Visit: Referred by Verderese, John Paul, MD

Procedures

Lo Russo, Thomas J, MD (Physician) • Pulmonology

Service Date: 11/13/2018

Patient Type: O

PHYSICIAN/PROVIDER: Thomas J Lo Russo MD

REFERRING PHYSICIAN:

STUDY PERFORMED:

Polysomnogram.

REASON FOR THE STUDY:

A 51-year-old male here for evaluation of sleep apnea.

RESULTS:

1. The patient underwent a full overnight polysomnogram in the usual fashion. Sleep onset delayed at 43 minutes. Overall sleep efficiency 87%.

Total sleep time recorded was 388 minutes. Time in bed of 449 minutes.

2. Once asleep, severe sleep disordered breathing was detected as evidenced by an overall apnea-hypopnea index of 78 events per hour.

3. Breathing events seen included 3 respiratory effort related arousals,

393 hypopneas, 4 mixed apneas, 101 obstructive apneas, and 2 central apneas.

4. Mean duration of breathing events was 28 seconds, max duration 133 seconds.

5. Breathing events were associated with severe oxygen desaturation. Mean

O₂ saturation dropped to 82% with a minimal down to 37% during an event in

REM.

6. There were no arrhythmias detected. The lowest heart rate recorded

during the study was 72 beats per minute.

7. There were no periodic limb movements recorded.

8. EEG was unremarkable.

9. Snoring was categorized as severe.

10. Sleep stages for the night revealed 7% stage 1 sleep, 83% stage 2 sleep, absence of stage 3 sleep, and 10% of sleep time was spent in REM.

REM latency 255 minutes.

INTERPRETATION:

There is severe obstructive sleep apnea (G47.33) with an overall apnea-hypopnea index of 77 events per hour, oxygen desaturations to 37%.

Loud snoring was also seen.

RECOMMENDATION:

1. Proceed with a full-night nasal CPAP titration.
2. Encourage weight loss if appropriate.
3. Limit sedatives, hypnotics, and alcohol which can adversely affect sleep disordered breathing.
4. Use caution with any activity requiring vigilance.
5. Exclude hypothyroidism if not done so to date.

D: 11/15/2018 17:08 PM by Dr. Thomas J. Lo Russo, MD (2048)

T: 11/16/2018 01:57 AM by NTS
(Conf: 322917) (Doc ID: 4604579)

Other Notes



Miscellaneous from Link, Kate

Additional Documentation

Flowsheets: Special Needs/ADA Screen, Disability Screening

Encounter Info: Billing Info, History, Allergies, Detailed Report

Media

- Scan on 11/16/2018 11:13 AM : MDQA,RAW DATA
- Scan on 11/14/2018 3:38 PM : DR , OFFICE ,LAB NOTES
- Scan on 11/14/2018 3:38 PM : PM,AM,QA, TECH WORK SHEETS
- Scan on 11/13/2018 8:53 AM by Linthicum, Samantha
- Scan on 11/14/2018 3:35 PM by Linthicum, Samantha : ID & INS
- Scan on 11/14/2018 3:35 PM by Linthicum, Samantha : VIDEO
- Scan on 11/14/2018 3:36 PM by Linthicum, Samantha : HOH
- Scan on 11/14/2018 3:36 PM by Linthicum, Samantha : ACPR
- Scan on 11/14/2018 3:36 PM by Linthicum, Samantha : HIPPA
- Scan on 11/14/2018 3:36 PM by Linthicum, Samantha : PCCS

Orders Performed

Polysomnography 4 or more parameters

Medication Changes

As of 11/26/2018 2:11 PM

None

Visit Diagnoses

Obstructive sleep apnea (adult) (pediatric) G47.33

