

PATIENT INSTRUCTIONS FOR SLEEP STUDIES

*******Before you leave home: Please check your phone voicemail(s) in case we have an emergency and are unable to perform your test. *******

Need to Reschedule? Please call (404) 303-4322

*****COVID-19 Information for in-lab sleep studies:** If you are not fully vaccinated, you will be required to have a screening test prior to your sleep study. ***If you are fully vaccinated, your vaccination card will be required at the sleep center.*** Please see page titled "COVID-19 Screening Process" for more detail.***

You are scheduled for a sleep study at the selected sleep center below. Driving and parking directions are available towards the end of this packet.

- [Atlanta](#) 993 Johnson Ferry Road
Bldg. C, Suite 100
Atlanta, GA 30342
Phone: (404) 236-8201

STUDY TYPE: OVERNIGHT SLEEP STUDY (DIAGNOSTIC OR CPAP)

Your study is scheduled for ___ / ___ / ___ at the _____ location.
Please arrive at _____ PM. Your study will end around 6 – 7 AM the next morning (unless your physician has ordered a delayed protocol).

STUDY TYPE: OVERNIGHT SLEEP STUDY FOLLOWED BY A DAYTIME NAP TEST (MSLT)

Your study is scheduled for ___ / ___ / ___ at the _____ location.
Please arrive at _____ PM. You will spend most of the next day here and your testing should be completed by 5 PM.

STUDY TYPE: DAYTIME NAP TEST ONLY (MSLT OR MWT)

Your study is scheduled for ___ / ___ / ___ at the _____ location.
Please arrive by 7:30 AM. Testing should be completed no later than 5 PM.

STUDY TYPE: HOME SLEEP APNEA TEST (HSAT)

Your appointment is scheduled for ___ / ___ / ___ at the _____ location.
Please arrive at _____ AM/PM. You will pick up the testing device and learn how to self-administer the sleep study. Please be aware the device must be returned the next day unless otherwise arranged with sleep lab staff.

HOME SLEEP APNEA TEST:

If you are completing a Home Sleep Apnea Test, please arrive on time at the sleep center location in which you were scheduled and check in with the receptionist. **You must bring your insurance card, picture ID, and a face mask.**

Once you have completed the required paperwork, one of our sleep technicians will meet you in the waiting room. You will be given the device and the technician will go over all instructions needed to complete the test. This is also an opportunity to discuss any questions or concerns you may have. The consultation should take around 30 minutes.

Following your Home Sleep Apnea Test, you will bring the device back to the location that you picked it up on the date indicated on your paperwork. Our sleep technologist will download the information from the machine and send a report to the board-certified sleep physicians for interpretation. Please contact the physician who ordered your home sleep test if you haven't been contacted to review your results in 7 business days.

IN LAB TEST:

You are scheduled for a sleep study at one of Northside's Sleep Disorders Centers. Our testing facilities vary in size, but each have quiet and comfortable bedrooms available for day and nighttime evaluation. Bedrooms are complete with Wi-Fi, Cable TV and DVD, bathroom and shower (private or semi-private depending upon location), and a lockbox or locking closet for your belongings. We can also provide you with soap, shampoo, towels and washcloths, and breakfast in bed for overnight guests. Hair dryers are available upon request. Before the test, you will have the opportunity to ask questions about the sleep study. You will have electrodes attached which are non-invasive and cause no discomfort. If you need to use the restroom during the study, you may do so after a technologist temporarily unhooks you. Our staff will do everything they can to make your stay as comfortable as possible. ***If you are fully vaccinated, your vaccination card will be required at the sleep center.***

Cancellation Policy:

You will receive an appointment reminder call prior to your study.

1. **If you need to cancel or reschedule, we do require a 24-hour notice prior to your study.** If you do not show up for your appointment or you cancel within the 24-hour period, a \$200 non-refundable cancellation fee will be charged, which is not covered by your insurance. Special provisions will be made for emergencies.
2. If you anticipate being late or have an emergency on the evening of your study, please contact the night staff at your facility. The phone numbers is listed on the first page under the location's address.

Home Sleep Apnea Test Preparations:

1. All you need to bring to your appointment is your insurance card, photo ID, and a face mask.

Overnight Study Preparations:

1. ***You must bring your photo ID, insurance card, and COVID-19 vaccination card (if applicable).*** If a caretaker or family member is accompanying you, they also must present their photo ID and wear a face mask.
2. You will be monitored by continuous audio and video recording. You will have access to a bathroom for full privacy and will use it for changing clothes.
3. Bring loose, comfortable clothing to sleep (pajamas or shorts and a T-shirt). Please avoid nightgowns as they may interfere with testing. Technologists reserve the right to not perform the sleep study if you DO NOT bring sleeping clothes with you. Sleeping in the nude is NOT permitted.
4. Bring any toiletries you may want before/after the study. You will have access to a restroom and shower at the sleep center.
5. Please eat your evening meal before arriving. Bring any special diet snack foods that you may require before bed. We will have light snacks and ice water, juice, hot coffee or tea available. We will provide a continental breakfast the morning after your study.
6. To ensure the highest level of comfort for our patients, we recommend you bring your own personal pillow(s). We do have disposable hospital- grade pillows available if needed.
7. Bring any items such as your e-reader and iPads to make your stay more comfortable. A TV is located in your bedroom as well.
8. Do not bring any jewelry or valuables with you. Remember, you will need your photo ID and insurance card.
9. Avoid caffeinated products, alcoholic beverages, and napping 12 hours prior to your study.
10. We will need to access your scalp for placement of electrodes; your scalp and skin must be free from all products to enable the placement of electrodes. We highly recommend that you shower before arriving. Please note that the paste may require extra time in the shower to remove it after your study.
11. We recommend you take any medication prior to entering the sleep center unless it makes you drowsy or were specifically prescribed for bedtime. Please bring any medication inside its prescription bottles. We do not provide any medication at our sleep centers.
12. We will provide a parking validation sticker (where applicable) for overnight patients.
13. A sleep technologist of the opposite sex may be assigned to attend your sleep study. If you desire a technologist of the same sex, please contact us prior to your study and note that you may have to reschedule to accommodate the request if one is not immediately available.

Daytime Study Preparations:

1. Please review our "Overnight Study Preparations" prior to your daytime study.
2. Feel free to bring your e-reader or iPad to keep you awake between naps.
3. Bring comfortable clothes to change into for the day (ex: T-shirt and sweat pants or shorts), or feel free to stay in your pajamas.
4. We will need to access your scalp for placement of electrodes; your scalp and skin must be free from all products to enable the placement of electrodes. It is highly recommended that you shower before arriving. Please note that the paste may require extra time in the shower to remove it after your study.
5. We will provide the following on the day of your MSLT/ MWT:
 - a. Continental Breakfast
 - b. Lunch
 - c. Parking validation sticker (overnight patients only)

Northside Hospital's Comprehensive Sleep Medicine Program

Sleep impacts our overall health and almost one-third of Americans have a sleep problem at some point in their lives. Sleep disorders can have a profound impact on your quality of life – causing decreased job performance, high blood pressure and other cardiovascular conditions, memory loss, depression, and excessive sleepiness during the day. Fortunately, sleep disorders can be treated effectively.

Some sleep disorders that go untreated can result in serious medical conditions. For example, untreated sleep apnea is linked to diabetes, weight gain/obesity, and cardiovascular disease including, high blood pressure, arrhythmias, stroke, heart failure, and even death.

Certified, Specialized & Boarded Clinical and Medical Staff

We offer consultations with one of our board-certified sleep physicians whom may also be boarded in other specialties such as pulmonology, neurology and internal medicine. For patient monitoring during sleep studies, we proudly feature only registered polysomnographic/sleep technologists (RPSGT), registered respiratory therapists (RRT), and certified respiratory therapists (CRT). All clinical staff are certified in CPR.

Sleep Studies Offered:

Polysomnogram (PSG/Overnight Sleep Study) - This test is a baseline diagnostic recording of the biophysiological changes that occur during your sleep. These are most often performed at night in the sleep center.

Home Sleep Apnea Test (HSAT) - This test is an at-home diagnostic recording of the biophysiological changes that occur during sleep.

CPAP (Continuous Positive Airway Pressure) Titration - This test is the same as a Polysomnogram, but with the application of CPAP therapy. This procedure allows the technician to increase the airway pressure inside the mask as needed, until all, or most, of the patient's airway obstructions are eliminated.

Split Night - This test consists of an abbreviated Polysomnogram followed by a CPAP titration during the same night.

Multiple Sleep Latency Test (MSLT) - This daytime test measures the tendency to fall asleep in the absence of alerting factors. It consists of multiple napping opportunities separated by breaks.

Maintenance of Wakefulness Test (MWT) - This daytime test measures the ability to stay awake without stimulation for a defined period of time.

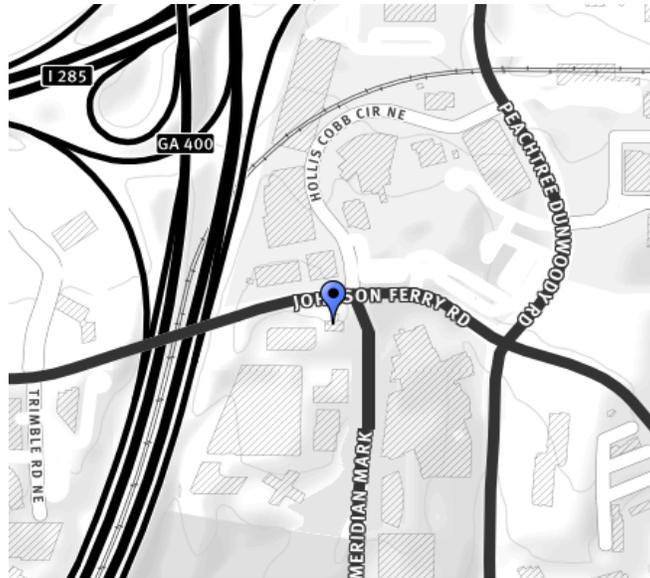
Inspire/Hypoglossal Nerve Stimulation – This sleep study is similar to the CPAP Titration (above) but instead of changing CPAP pressure, the adjustments are made to your implanted device. The technician can remotely increase or decrease voltage to decrease apneic events.

ATLANTA SLEEP LAB

(404) 236-8201

993 Johnson Ferry Road, Building C - Suite 100

Atlanta, GA 30342



Directions to the Northside Hospital Sleep Disorders Center Atlanta

Traveling East on I-285: Exit 26 – Glenridge - Johnson Ferry.

Turn right and get in the left lane. Turn left on Johnson Ferry Road. Go to the second light and turn right on Meridian Mark Road. At the first light, turn right.

Traveling West on I-285: Exit 28 Peachtree Dunwoody Rd.

Turn left onto Peachtree-Dunwoody Road. Come to the third light and turn right on Johnson Ferry Rd. **(Northside Hospital on your right)**, come to the next light and turn left on Meridian Mark Rd. At the first light, turn right.

Traveling South on GA 400: Exit at the Glenridge Connector.

Turn right at the end of the ramp. Go to the second light and turn left onto Meridian Mark Rd. Turn left at the first light into the **Northside Hospital Professional Buildings**.

Traveling North on GA 400: Exit at the Glenridge Connector.

Turn right off the exit ramp. At the first light, turn left onto Meridian Mark Rd. Turn left at the first light.

Parking

Building C will be on your left. Pull up to the parking booth and take a ticket from the machine. Park your vehicle in the parking garage. Parking for overnight patients will be validated by our staff (please bring your parking ticket inside with you).

Daytime or Home Sleep Studies

As you enter Building C, Suite 100 is the first door on your left. Please check in with the receptionist.

Overnight Sleep Studies

As you enter Building C, turn left at the elevators and ring the doorbell on the outside of Suite 100 and the staff will come meet you.

NORTHSIDE HOSPITAL, INC.

SLEEP CENTER PATIENT EMAIL CONSENT

Name of Patient: _____

Phone #: _____

Patient's Date of Birth: _____

Date: _____

By signing this form, I, _____, acknowledge and understand that communications via email over the internet may not be secure or protected transmissions and could be intercepted by others. I give my consent for Sleep Center providers and staff to send me emails that may include my health information at the following email address:

_____ Yes, please email me at this email address: _____

_____ No, I do not wish to receive emails from the Sleep Center and prefer to be contacted directly.

I understand that signing this form is entirely voluntary if I wish to authorize Sleep Center providers and staff to send me emails **that may include my health information**.

I understand that this Consent can be revoked by submitting a written request to the Sleep Center. I understand that I have the right to revoke this Consent in writing at any time except to the extent that action has already been taken in reliance on it. This Consent shall remain in effect until the date I revoke it in writing.

Signature of Patient or Legal representative

Print name

Date

Relationship to patient:

Interpreter (if applicable)

Reason patient unable to sign

Note to staff: if telephone interpretation provided, record name of company and interpreter ID number.

FOR INTERNAL PURPOSES ONLY: Date Consent Received:

Please complete this form and return it to your location's email address below:

- Atlanta: Towanda.Lomax@Northside.com
- Cherokee: Frank.Oleson@Northside.com
- Forsyth: Janet.Akigbogun@Northside.com
- Gainesville: Tracy.Sapp2@Northside.com
- Roswell: James.Lomax@Northside.com