



SLEEP - PET COMPREHENSIVE SLEEP REPORT FORM

ID NUMBER:

FORM CODE:

DATE: 11/15/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Date of Study: _____

1. Sleep Architecture: To be completed by scorer

a. Total sleep time (min)	
b. Time in bed (min)	
c. Sleep efficiency (%)	
d. Initial sleep latency (min)	
e. Stage 1 sleep (N1) (min, % TST)	
f. Stage 2 sleep (N2) (min, % TST)	
g. Slow wave sleep (N3) (min, % TST)	
h. REM (min, % TST)	

2. Sleep-Disordered Breathing & Periodic Limb Movements: To be completed by scorer

a. Apnea-Hypopnea Index (4% desat)	
b. Oxygen Desaturation Index (4% desat)	
c. Obstructive Apnea Index	
d. Central Apnea Index	
e. Cheyne-Stokes Respiration (y/n)	
f. Periodic Limb Movement Index	
g. Periodic Limb Movement with Arousal Index	

ALERTS: To be completed by Scorer and Physician

	Scorer: Alert? Y / N	Physician: Alert? Y / N	Notification deadline	Notification Date
3. Sleep-Disordered Breathing				
a. Severe OSA (AHI \geq 30)			ASAP (7 days)	
b. Moderate OSA (AHI 15-29.9)			14 days	
c. Mild OSA (AHI 5-14.9)			30 days	
d. Oxygen saturation $<$ 75% for \geq 2 min			ASAP (48 hours)	
4. Electrocardiogram				
a. 2 nd or 3 rd heart block			ASAP (48 hours)	
b. Other conduction delays			ASAP (7 days)	
c. Sustained ventricular arrhythmias			ASAP (48 hours)	
d. Supraventricular Tachycardia (SVT)			7 days	
e. Atrial fibrillation or flutter (with or without rapid ventricular rate)			7 days	

Notifying Physician (print name)

Signature

Date