

# Sleep Disorders Center of Santa Maria

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## Polysomnogram Instructions

During an overnight sleep study (polysomnogram), electrodes are placed to record brain activity (EEG), eye movements, and muscle activity. Additional sensors are placed around the nose, chest and abdomen (EKG) to record breathing patterns as well as heart rhythm and rate. Data obtained from these recordings will assist in the proper diagnosis and treatment.

To better prepare for your polysomnogram at Sleep Disorders Center of Santa Maria, please keep the following things in mind:

1. Please bring a form of identification to your appointment.
2. You will be provided a bed to sleep on with a comforter/blanket and pillow. Feel free to bring your own blanket and pillow.
3. Please bathe and thoroughly dry your hair before your appointment.
4. Bring your regular sleepwear; ensure your garments are appropriate and comfortable. In order to protect the patient as well as the employee, sleeping in the nude is not allowed.
5. The first hour of your appointment will be used for applying sensors, which will be used to monitor your sleep patterns. After the hookup, we have a lights out policy at 10:30pm.
6. You can bring something to help you fall asleep, such as a book or magazine. There will be a TV at your disposal.
7. Try not to have any caffeine the day of your study.
8. Try to go to bed late the night before and get up early the day of your study. Avoid taking any naps on the day of your appointment.
9. Please be punctual. There is no need to arrive early, unless it has been previously arranged with the polysomnogram technician.
10. Your study will normally end between the hours of 5:00 and 6:00 am. *If necessary*, please make arrangements regarding your ride beforehand.
11. Take all your belongings with you at the end of your study. All unclaimed items will be thrown out at the end of the week.
12. If the patient needs additional assistance throughout the night or is dependent, please advise the front desk prior to study; a caregiver or family member may be required to stay the night as well.
13. If the patient is less than 18 years of age, a parent or guardian is required to stay for the entire duration of test.
14. If you are bringing someone to stay with you, you **MUST** notify the sleep center first to make accommodations *if* at all possible.
15. Please do not wear makeup or use hair products to your study.
16. Patients who typically need more blankets, please bring an extra one.

When you arrive at the center, please drive around to the back entrance (east side) of the building. The "Employee Entrance" doors will be locked; wait and the technician will come down to open the door for you at your appointment time. If you need additional accommodations, please let us know in advance to further assist you.

Patient Name \_\_\_\_\_

Date of polysomnogram \_\_\_\_\_

Time: \_\_\_\_\_

PM \_\_\_\_\_

**\*\*\*\*\*PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

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## Informed Consent

- 1) I agree to allow Sleep Disorders Center of Santa Maria to perform the following polysomnogram.
- 2) I acknowledge that I am under the medical care and treatment of Dr Richard P. Wikholm, M.D., and that Sleep Disorders Center of Santa Maria has been directed to render service under the general and specific instructions of my physician.
- 3) The polysomnogram technicians and staff agree to abide by all the rules and regulations of the Sleep Disorders Center of Santa Maria, relevant state, federal agencies, and any other agency providing compliance measures.

## Right to refuse treatment

I understand that I have the right to refuse treatment, carry out any of the listed procedures, or stop a procedure. If I choose to do so, I release Sleep Disorders Center of Santa Maria and my physician of any outcome related to my refusal. I will be informed of the medical consequences of such a refusal. **IF YOU ELECT TO LEAVE THE STUDY EARLY AGAINST MEDICAL ADVICE AND ARE DRIVING YOURSELF AFTER YOU HAVE TAKEN A SLEEPING AID, OUR POLICY IS TO NOTIFY THE POLICE, AS YOU ARE DRIVING UNDER THE INFLUENCE OF A DRUG THAT CAUSES DROWSINESS AND MAY CAUSE DIZZINESS.**

## Sleep Aid Administration

Dr. Richard P. Wikholm has prescribed for you in advanced a sleep aid to help you initiate and maintain sleep. Poor quality of sleep or lack of sleep can give us poor data and cause you to return to our center for an additional study. The sleep aid will be given to you at the time of your polysomnogram. **If you are groggy the following morning after taking the medication, you will not be released from our care until you are able to drive safely or have someone pick you up from our facility.**

*(please check box)*

- I agree to the administration of a sleep aid, such as Ambien 5mg or 10mg. **If you choose to take 10mg of Ambien you must stay at our sleep center until 8am; if you need to leave before 8am, you need to arrange a ride for pick up.**
- I **do not** agree to the administration of a sleep aid

## Sexual Harassment Policy

We continuously strive to provide our employees and patients with a professional working environment free of sexual harassment and all forms of sexual intimidation and exploitation. Unwanted physical contact or verbal harassment of any kind is not tolerated. A violation of this policy may result in police action and/or prosecution. We will prosecute to the fullest extent of the law.

Signature of patient: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Missed Appointment Agreement**

Missing a scheduled appointment for a polysomnogram imposes a hardship on our technologist /technicians who schedule their time to perform these studies. Travel time and prep time for these sleep studies are valuable.

Additionally, missing a study means that someone else who may need a polysomnogram is waiting unnecessarily.

We have an automated system in place to call and confirm all appointments, however it is the patient's responsibility to remember his/her own appointment. Please give 48-hour notice of any cancellation or to reschedule an appointment.

We reserve the right to charge for any missed appointment. There is a \$200 charge, which is not covered by insurance.

\_\_\_\_\_  
Initial

## **Acknowledgment of Instructions Received**

I acknowledge I have receiving and understand the polysomnogram instructions. Any and all questions have been answered by the staff or provider.

\_\_\_\_\_  
Initial

Please sign and date acknowledging that you have read and understand this agreement

Sign: \_\_\_\_\_ Date: \_\_\_\_\_