PATIENT ACCEPTANCE
Angleton Danbury Campus

PURPOSE
Explicit criteria for defining the patient population evaluated at the facility ensure that all patient evaluations are within the scope of the professional expertise, technical competence and capability of the staff for the facility.

POLICY
The sleep facility will accept, evaluate and treat all patients with sleep-related disorders meeting certain criteria established by the facility.

PROCEDURE
In-Center Acceptance Criteria
1.0 Patients beginning at the age of thirteen years of age will be tested in the facility.
2.0 Patients will have a provider’s referral.
3.0 All patients with sleep complaints of insomnia, excessive daytime sleepiness, circadian rhythm disorders or parasomnias are accepted for evaluation.
4.0 Patients requiring the services of a caregiver during the night will be required to bring someone with them who can stay throughout the procedures to provide the needed assistance.
5.0 The following may exclude a patient from acceptance:
   5.1 Potential patients with untreated psychiatric or medical conditions that would affect the validity of the study or endanger the technical staff, based on review of the case by the facility director or a designated sleep staff physician.

HSAT Acceptance Criteria
1.0 Patients beginning at the age of 18 will be tested using HSAT.
2.0 Patients tested with HSAT must have a high pre-test probability of OSA with limited comorbidities.
3.0 The following may exclude a patient from acceptance for HSAT:
   3.1 Moderate to severe pulmonary disease
      3.1.1 Chronic Obstructive Pulmonary Disease (COPD)
      3.1.2 Emphysema
      3.1.3 Asthma
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3.2 Neuromuscular conditions
   3.2.1 Multiple Sclerosis
   3.2.2 Parkinson’s Disease
   3.2.3 Muscular Dystrophy

3.3 Congestive heart failure

3.4 Other sleep disorders
   3.4.1 Central sleep apnea
   3.4.2 Periodic leg movement disorder (PLMD)
   3.4.3 Circadian rhythm disorder (CRD)
   3.4.4 Narcolepsy
   3.4.5 Parasomnias

4.0 HSAT is not used for general screening of asymptomatic populations.

5.0 HSAT may be indicated for patients for whom in-center testing is not possible due to immobility, safety, or critical illness.

6.0 HSAT may be indicated to monitor the response to non-PAP treatments for OSA, including:
   6.1 Oral appliances
   6.2 Upper airway surgery
   6.3 Weight loss

7.0 Patients that do not meet criteria for HSAT will be directed for an in-lab consultation or possible in-lab testing.

PROCEDURE
1.0 Sleep staff will respond to all requests for outpatient consultations or sleep studies by filling out a new patient form.
   1.1 The date of birth will be obtained; the age will be reviewed to determine if the minimum age requirement has been met.
   1.2 If the minimum age requirement is not met, the child will be referred to a sleep facility that conducts testing on children.
   1.3 For children under the age of 18, the caller will be informed a parent or guardian must stay with the individual throughout the testing procedure.

2.0 For directly referred patients (only being referred for testing), not scheduled or expected to be seen by a sleep facility physician, a physician’s order will be obtained and a comprehensive history and physical relating to sleep complaints must be submitted and approved by the facility director or a sleep facility medical staff member prior to sleep testing.
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2.1 A complete list of current medications, including any allergies, will be obtained.
2.2 Other medical conditions of the patient will also be obtained.
2.3 The facility director or an appropriately licensed designated medical staff member will determine if the patient has any psychiatric or medical condition that prevents the patient from being accepted for a sleep study at the present time.