DOCUMENTATION OF INITIAL EVALUATION

PURPOSE

A sleep database or a consistent procedure for obtaining a history and physical for directly referred patients is needed. This ensures that appropriate information is available for review and prior approval by the medical director or designated sleep staff physician.

POLICY

All sleep patients will have a history and physical in their charts prior to study. This information will be obtained by a sleep staff physician or other member of the professional staff. A sleep staff physician must review all clinical information accompanying orders for sleep studies on directly referred patients. This review will be documented in the chart prior to performing the sleep study. All sleep studies require a physician’s order.

PROCEDURE

1.0 Referrals or Sleep Consults are submitted in Epic.
2.0 Once a referral or order for a sleep evaluation is received, the Sleep Lab Coordinator will obtain a current History and Physical for a sleep staff physician to review.
3.0 Once approval is obtained, a note by the Sleep Lab Coordinator will be entered into the narrative section of the referral stating that the patient has been approved for evaluation and the type of study to be conducted.
4.0 A copy of the referral, documentation of approval from a sleep staff physician, and history and physical will be maintained in the paper record and filed in the appropriate location (see Retention and Storage of Patient Files and Records) once the study has been performed, scored, interpreted, and uploaded to Epic.