Polysomnography procedure Name of Policy: THE UNIVERSITY OF TOLEDO MEDICAL CENTER **Policy Number:** 3364-171-03-06 **Department:** Sleep Disorders Center **Approving Officer:** Senior Hospital Administrator Director, Sleep Disorders **Responsible Agent: Effective Date: 03/17/2023** Scope: The University of Toledo Medical Center Initial Effective Date: 03/17/2023 Pulmonary Services Department New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

(A) Policy Statement

All qualified and trained Polysomnographic Technologists are responsible for performing a polysomnographic test.

Possible indications for polysomnography include:

- Sleep-related breathing disorders
- Continuous positive airway pressure (CPAP) titration in patients with sleep-related breathing disorders
- Prior to a multiple sleep latency test in the evaluation of suspected narcolepsy
- In evaluating sleep-related behaviors that are violent or otherwise potentially injurious to the patient or others
- Certain atypical or unusual parasomnias
- Neuromuscular disorders and sleep related symptoms
- To assist in the diagnosis of paroxysmal arousals or other sleep disruptions thought to be seizure related
- In a presumed parasomnia or sleep related seizure disorder that does not respond to conventional therapy
- When there is a strong clinical suspicion of periodic limb movement disorder.

Application of electrodes, montages, filters, sensitivities, and scoring will be performed according to the AASM Scoring Manual.

(B) Purpose of Policy

Polysomnographic studies are performed on patients to diagnose a variety of sleep disorders when ordered by a sleep staff physician, or by another physician, with the approval of the Medical Director or an appropriately licensed medical staff member. The following protocol for polysomnography is consistent with the AASM Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005.

(C) Procedure

- 1. Explain test/expectations to the patient
- 2. Apply electrodes. The use of polysomnography for evaluating SRBD includes:
 - a. Electroencephalogram (EEG)
 - b. Electro-oculogram (EOG)

- c. Chin electromyogram (EMG)
- d. Pressure Transducer from Airflow (PTAF)
- e. Airflow
- f. Pulse Oximetry
- g. Chest and abdomen Respiratory Inductance Plethysmography (RIP)
- h. Electrocardiogram (ECG)
- i. Anterior tibialis EMG is useful to assist in detecting movement arousals and may have the added benefit of assessing periodic limb movements, which for many patients co-exist with SRBDs.
- j. Snore microphone
- 3. Also included in the Polysomnogram (PSG) are.
 - a. Body position
 - b. Central Monopolar recording
 - c. Occipital Mono or Bipolar recording
- 4. Reports for PSG studies follow the American Academy of Sleep Medicine (AASM) recommendations.

Components Necessary During a PSG Study Include:

- 1. Patient education
- 2. Administer the Pre-Sleep Questionnaire
- 3. Patient hook-up
 - a. International 10-20 hook-up
 - b. Chin Electromyograph (EMG)
 - c. Eye Electrooculogram (EOG)
 - d. Anterior Tibialis leads right and left
 - e. Chest Respiratory Inductance Plethysmography (RIP) belts
 - f. Abdomen RIP belt
 - g. Oximeter
 - h. Snore microphone
- 4. Patient to bed
- 5. Lights out
- 6. Impedance check
- 7. Machine calibration
- 8. Patient calibration
- 9. Machine calibration
- 10. Lights on
- 11. Administer the Post-Sleep Questionnaire

See Procedure Polysomnography

Approved by:		Review/Revision Date: 03/23
Michael Taylor Director, Pulmonary Services	Date	
Andre Aguillon, M.D. Medical Director	03/19/2023 Date	
Russell Smith Senior Hospital Administrator	03/20/2023 Date	
Review/Revision Completed By: Director, Sleep Disorders Policies Superseded by This Policy:		Next Review Date: 03/26

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.