

Patient Name: Patient Id: Date Of Birth:

Sleep Quality

EFFICIENCY 97%

Expected >55 Expected >85%

Sleep Opportunity

LATENCY 0h:04m

Expected <30 min

DURATION 7h:40m

Expected 7-9 hours

Sleep Apnea

sAHI4% 23

Moderate

SQI 25

sAHI₃% 31

Severe

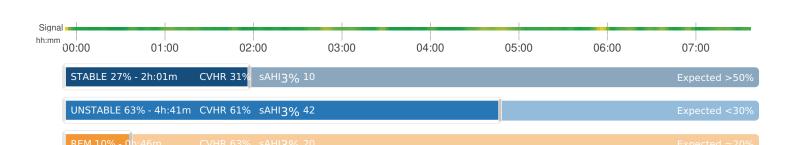
Sleep Pathology

FRAGMENTATION 35%

Expected <15%

PERIODICITY 14%

Expected ≤2%



Sleep Onset	11:56 PM		
Sleep Conclusion	7:37 AM		
TST	7h:30m		
WASO	0h:08m		
WAKE TRANSITIONS	#3		
SAI	52		
SpO ₂ <90%	0h:03m - 1%		
SpO ₂ <88%	0m:57s - 0%		
SpO ₂ <80%	0h:0m - 0%		
MIN-MAX-MEAN SpO ₂	85% - 99% - 95%		

	Desaturations 3% 4%	
sAHI _{TOTAL}	31	23
SAHIOBSTRUCTIVE	23	17
SAHI _{CENTRAL}	8	5
sRDI	36	36
ODI	25	17
	Min	Max Mean

Test Summary:

Patient: 37 year old Male

Average Signal Quality is **93** %. Sleep Quality is **below** expected value. Sleep Efficiency is **above** expected value.

Sleep Duration is within expected value.

Sleep Apnea Indicator is **above** expected value. Apnea Hypopnea Index is **Severe** . Sleep Fragmentation is **above** expected value. Periodicity is **above** expected value.

APNEA DURATION (sec)
HEART RATE (BPM)

Interpreting Clinician Note:

Height: 1m 85cm Weight: 85kgs BMI: 24

Epworth Sleepiness Scale: 19

Sleep Complaints:

Excessive Daytime Sleepiness, Snoring, Waking Up Gasping Or Choking

Impressions and Recommendations:

SCIENTIST COMMENTS:

Moderately fragmented sleep architecture. Total sleep time was 07hrs:30mins:00secs, Total recording time was 07hrs:40mins:00secs. Longest WASO period of 00hrs:08mins:00secs.

The patient reported they had a similar quality sleep compared to usual.

RESULTS:

Estimated AHI was 31.0/hr, ODI was 25.0/hr, associated with SpO2 desaturations to a nadir of 85%. Baseline SpO2 during sleep was 95%. Time spent with oxygen saturations < 90% was 00hrs:03mins:00secs.

Sleep latency was 00hrs:04mins:00secs, REM % TST: 10.0%, Sleep efficiency: 97%

Respiratory events was frequent An average heart rate of 53 bpm.

Sleep Scientist:

PHYSICIAN FINDINGS:

A sleep quality report via Sleep Image Ring was performed to investigate for obstructive sleep apnoea in the setting of snoring, and witnessed apnoeas with an ESS of 19/24.

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CONCLUSION:

Likely severe obstructive sleep apnoea (estimated AHI 31 events/hour).

RECOMMENDATIONS:

- 1. In the clinical setting of a high pre-test probability of uncomplicated moderate to severe obstructive sleep apnoea, an APAP trial could be considered.
- 2. If there are any of the following suggest consideration of referral to a sleep specialist and further investigation with a level 1 (in-laboratory) sleep study, or a level 2 (home based) sleep study.
- a. clinical uncertainty
- b. symptoms suggestive of a condition other than sleep disordered breathing (such as parasomnias, narcolepsy, periodic limb movement disorder etc)
- c. patient factors that may involve nocturnal hypoventilation or central sleep apnoea including but not limited to neuromuscular disease, severe COPD or restrictive lung disease, class III obesity, significant cardiovascular disease, significant use of sedative medications
- 3. Given increased daytime sleepiness, appropriate driving precautions should be given to the patient. They should be advised not to drive if tired.

Sleep Physician:

Published Notes:

Spectrogram:

