

JEFFREY L. PETTIS VETERAN'S HC ITAL

SLEEP DISORDER CENTER

11201 Benton Street
Loma Linda, CA 92357

Patient: **VERA, FRANK**

SS#: [REDACTED]

Date of Test: [REDACTED] 96

Patient went to bed at: 23:10
Total time in bed (mins): 350
Total wakefulness (mins): 54

Patient arose at: 5:05
Latency to sleep (mins): 7
Cardiac Events:

Total awakenings: 26

Patient had frequent multifocal PVC's with bigeminy, trigeminy, quadrageminy.

Sleep Stages

S1%	S2%	SWS%	REM%	REM Latency
8%	70%	8%	14%	102 min

OXYGEN LEVEL	RA	RA	RA	RA	RA
NASAL CPAP LEVEL	NONE	5-7	9	11	13
SaO ₂ Baseline	94	97	97	97	97
SaO ₂ Minimum	87	91.5	94	93	95
SaO ₂ Desat. <90 (mins)	0.6	0	0	0	0
Sleep Time (min)	116	50	44	39	44
Apnea Index	25	13	4	25	8
Obstructive Index	1	0	1	2	0
Hypopnea Index	24	11	3	12	4
Central Index	0	2	0	11	4
Sleep Efficiency (%)	81%	54%	65%	86%	95%
Arousal Index	39	19	12	18	20
Leg Index	11	2	0	8	0
% Leg Movments/Arousals	27%	100%	0%	40%	0%
% REM Sleep	13%	0%	0%	66%	0%
Longest Apnea (sec)	41	27	21	35	23

Additional findings: Snoring was abolished at 5 cmH₂O.

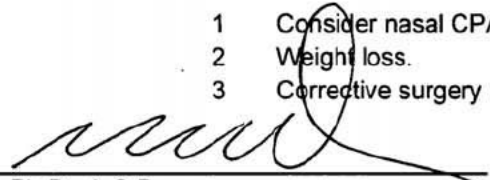
ICD-9-CM

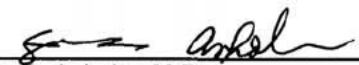
Conclusions:

- 1 **Cardiac arrhythmias.**
- 2 **Moderate obstructive sleep apnea** ameliorated with nasal CPAP at 13 cmH₂O.
- 3 **Periodic limb movement disorder, mild.**
Which was ameliorated with nasal CPAP.

Recommendations:

- 1 Consider nasal CPAP at 13 cmH₂O.
- 2 Weight loss.
- 3 Corrective surgery may be indicated.


Ralph Downey III, Ph.D., A.C.P.
Diplomate, American Board of Sleep Medicine
Director, Sleep Disorders Center


James D. Anholm, M.D.
Medical Director, Sleep Disorders Center

VERA, FRANK
[REDACTED]

APPROVED BY MRRC 12/82

MA

To be used by VA Hospitals and Domiciliaries for requesting non-stocked prosthetic appliances and/or repairs thereto for inpatients.*

SECTION I - (To be completed by Prescribing Physician)

1. *3. [Signature]*

2. *103.10*

4. Chief, Prosthetics Activity or Prosthetics Clerk ()

DESCRIPTION OF APPLIANCE OR REPAIR REQUESTED (Attach any required measurement forms or work orders)

CPAP UNIT (COMPLETE SET-UP) 8675000 Remstar Choice Nasal CPAP System (includes unit, wireless remote control w/battery tubing, carrying case, power cord, disposable screwdriver, patient training video, patient instructions with choice of exhalation port & headgear).

METHOD OF ISSUE

PERMANENT ISSUE

TEMPORARY LOAN

DISABILITY FOR WHICH APPLIANCE OR REPAIR IS REQUIRED

Obstructive Sleep Apnea *Apnea Index 25 Considered Life threatening 10% Svc & Private Insurance.*

DISABILITY FOR WHICH PATIENT IS HOSPITALIZED

IF APPLIANCE OR REPAIR REQUIRED FOR AN ASSOCIATED OR AGGRAVATING DISABILITY, WHAT IS THE BASIC DISABILITY?

Obstructive Sleep Apnea

ESTIMATED REMAINING PERIOD OF HOSPITALIZATION

YEARS	MONTHS	DAYS

DATE OF REQUEST: *9/6*

REQUESTED BY (Signature of Physician or ward clerk**): *V. Trotter, R.R.T.*

TITLE OF PRESCRIBING PHYSICIAN:

SECTION II - (To be completed by Prosthetics Activity or Prosthetics Clerk)

DATE OF ACTION	PATIENT OR MEMBER IS -	ACTION TAKEN (Specify)	SIGNATURE AND TITLE
<i>9/6</i>	<input checked="" type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> ENTITLED <input type="checkbox"/> NOT ENTITLED	<i>17,400</i>	<i>[Signature]</i>

SECTION III - REMARKS (Use reverse side, if necessary)

IF REQUEST IS DISAPPROVED, IF PATIENT OR MEMBER IS DECLARED INELIGIBLE OR NOT ENTITLED, OR IF REQUEST IS RETURNED TO PRESCRIBING PHYSICIAN FOR ANY REASON, EXPLAIN IN DETAIL.

- RESPIRONICS HEADGEAR
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 302187 small | <input checked="" type="checkbox"/> 302142 head | <input checked="" type="checkbox"/> 302175 chin strap |
| <input checked="" type="checkbox"/> 302185 med/small | <input checked="" type="checkbox"/> 302215 lg | <input checked="" type="checkbox"/> 362522 Disp. Filter |
| <input type="checkbox"/> 302180 med | <input checked="" type="checkbox"/> 572011 Monarch | <input type="checkbox"/> 362521 Reuse. Filter |
| <input type="checkbox"/> 302183 med/wide | <input type="checkbox"/> 442001 Humidifier | <input type="checkbox"/> 332113 Whisper |
| <input type="checkbox"/> 572003 Monarch w/seal | | |
| <input type="checkbox"/> 72015 Seal Replacement | | |
| <input type="checkbox"/> other | <input type="checkbox"/> other | |
| <input type="checkbox"/> other | <input type="checkbox"/> other | |
- 17.46*

MASKSOFT SERIES)

- 7010-20 small
- 7020-20 med
- 7022-20 med/wide
- 7025-20 med/narrow
- other

HEALTHDYNE

- 7160 Headgear (reg)
- 7161 Headgear (lg)
- other
- other

- 7156 Bridge (foam)
- 7163 Chin Strap *6.50*
- 7041 Swivel

*Minor items stocked in the Hospital or Outpatient Clinic may be requested by physicians on VA Form 10-2577d, Prescription form. **Ward clerk sign for doctor when the request is supported by physician statement in the Clinical Record.

(Imprint from Patient Data Card or type or print name, claim no., Social Security No., name and address of treating station.)

Vera, Frank

265574-10

REQUEST FOR PROSTHETIC SERVICES

VA FORM 10- APR 1975 EXISTING 57 JUL 1974

* Please Send to Lab for Setup

To be used by VA Hospitals and Domiciliaries for requesting non-stocked prosthetic appliances and/or repairs thereto for inpatients.*

SECTION I - (To be completed by Prescribing Physician)

TO 1.	3.	RCVP
2.	4. Chief, Prosthetics Activity or Prosthetics Clerk	FM

DESCRIPTION OF APPLIANCE OR REPAIR REQUESTED (Attach any required measurement forms or work orders)

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Obstructive Sleep Apnea

ESTIMATED REMAINING PERIOD OF HOSPITALIZATION

YEARS	MONTHS	DAYS

DATE OF REQUEST: 97

REQUESTED BY (Signature of Physician or ward clerk**): V. Trotter, R.R.T.

TITLE OF PRESCRIBING PHYSICIAN:

SECTION II - (To be completed by Prosthetics Activity or Prosthetics Clerk)

DATE OF ACTION	PATIENT OR MEMBER IS -	ACTION TAKEN (Specify)	SIGNATURE AND TITLE
97	<input checked="" type="checkbox"/> ELIGIBLE <input checked="" type="checkbox"/> ENTITLED	17.609	MC
	<input type="checkbox"/> INELIGIBLE <input type="checkbox"/> NOT ENTITLED		

SECTION III - REMARKS (Use reverse side if necessary)

IF REQUEST IS DISAPPROVED, IF PATIENT OR MEMBER IS DECLARED INELIGIBLE OR NOT ENTITLED, OR IF REQUEST IS RETURNED TO PRESCRIBING PHYSICIAN FOR ANY REASON, EXPLAIN IN DETAIL.

MASK

302187 small

302185 med/small

302180 med

302183 med/wide

572003 Monarch w/seal

572015 Seal Replacement

other

other

RESPIRONICS

HEADGEAR

302142 med

302215 lg

572011 Monarch

X 442001 Humidifier

other

other

302175 chin strap

X 362522 Disp. Filter

362521 Reuse. Filter

332113 Whisper

HEALTHDYNE

MASK (SOFT SERIES)

7010-20 small

7020-20 med

7022-20 med/wide

7025-20 med/narrow

other

other

7160 Headgear (reg)

7161 Headgear (lg)

other

other

7156 Bridge (foam)

7163 Chin Strap

7041 Swivel

55176-1097

*Minor items stocked in the Hospital or Outpatient Clinic may be requested by physicians on VA Form 10-2577d, Prescription form. **Ward clerk may sign for doctor when the request is supported by physician statement in the Clinical Record.

(Imprint from Patient Data Card or type or print name, claim no., Social Security No., name and address of treating station.)

Vera, Frank

REQUEST FOR PROSTHETIC SERVICES

VA FORM 10-2431 APR 1975

EXISTING STOCK OF VA FORM 10-2431, JUL 1974, WILL BE USED.

U.S. Government Printing Office: 1992 - 313-106:63598

* Please Send to Lab for Patient Education