



THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

PATIENT RECORD REVIEW- Technician

**INDEPENDENT HEALTH FACILITIES
ASSESSORS CHECKLIST –Patient Record Review - Technician**

PATIENT IDENTIFICATION NUMBER: _____ **EXAMINATION DATE:** _____ **STUDY TYPE** _____

Technical Reports		Meets	Meets with Recommendations	Does not Meet	N/A
5.4.1	Measurement Techniques <ul style="list-style-type: none"> Is every record well calibrated, adequately labeled and reasonably artifact free so that the accuracy of the test is not compromised? 				
5.4.4	Do all records document the following in the detailed technical report of the study? <ul style="list-style-type: none"> Patient name and birthdate Attending and Referring physician Date of study Type of study (e.g . Level 1, 2, diagnostic, CPAP titration, post-op etc.) Identification of the attending technologist Notation of any significant physical or intellectual challenges of the patient Patient questionnaires and screening assessments Details of any medications or the use of supplemental oxygen, if any during the course of the study Times the recording began and ended Montage used and any significant deviation from lab’s standard montage Significant events (e.g. patient distress, disturbance in sleep facility) Significant staff interventions (e.g. initiation of CPAP or oxygen therapy during the study, CPAP setting changes, details of attendance upon unwell patients). Document if the head of bed was elevated, or patient slept in a reclining chair Body position, sleep time spent supine, lateral and prone Other observations, where appropriate, including a summary 				
	Following Data Analysis Diagnostic Studies include notations of: <ul style="list-style-type: none"> Identification of scoring technologist 				
	General <ul style="list-style-type: none"> Time in bed (total study time) and/or “lights off”, “lights on” Total sleep time Sleep Efficiency 				

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	Maintenance Measures				
	• Number of awakenings				
	• Wake after sleep onset				
	• Transient EEG arousals				
	Sleep Stage Distribution				
	• Duration and percentage of total sleep time for each sleep stage				
	• Time to the onset of Non-REM and REM sleep				
	Other EEG Seen				
	• Sharp and/or epileptiform activity				
	• Alpha/beta frequency intrusion in sleep Cardio-Respiratory Variables, as appropriate				
	Apnea, hypopnea, and RERA indices				
	• Type and duration of events				
	• Relation of events to body position and sleep stage (especially REM sleep)				
	• Cardiac rate and rhythm, relationship to stage and/or events				
	• Arterial oxygen saturation				
	• Results of other parameters measured, such as CO ₂				
	Movement Variables				
	• Limb movements during wake				
	• Periodic and leg movements and other unusual movements				
	Other Significant Events				
	• Bruxism				
	• Sleep talking				
	• Rhythmic body movements				
	• Other significant events				

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	Following data analysis, PAP therapy studies must include notation of: <ul style="list-style-type: none"> • The same parameters noted above under diagnostic study 				
	<ul style="list-style-type: none"> • PAP therapy parameters: <ul style="list-style-type: none"> - masks fitted, masks used, problems with masks, optimal mask 				
	<ul style="list-style-type: none"> • mouth leaks, and how they were resolved if significant 				
	<ul style="list-style-type: none"> • modality(ies) used; CPAP;BiPAP, APAP (auto adjusting PAP), ASV, pressure relief modalities (e.g. C-Flex and EPR) – including when any modality was started, adjusted or stopped. 				
	<ul style="list-style-type: none"> • Pressures used, and response of respiratory events, snoring and arousals to different pressures, including minimum pressure at which apneas, hyponeas, flow limitation and snoring were eliminated, time on each pressure and final pressure. 				

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COMMENTS/NOTES: