

GUIDELINES FOR HST

1. Face to face notes with two qualifying symptoms of OSA justifying why a patient is being referred for the test. Examples include snoring, witnessed apnea, morning headaches, nocturnal choking, excessive daytime sleepiness.
2. A Stop Bang questionnaire and or an Epworth Sleepiness Scale questionnaire.
3. 18 years of age and up.
4. Chart notes must be under 6 months old.

Contraindications to HST (HOME SLEEP TEST)

1. Moderate to severe pulmonary disease (e.g., COPD with class III or IV heart failure, asthma, O2 dependent, and cardiac arrhythmias).
2. Neuromuscular disease/neurodegenerative disorder (included, but not limited to: Parkinson's disease, myotonic dystrophy, amyotrophic lateral sclerosis, multiple sclerosis with associated pulmonary disease).
3. Significant cardiac disease (including but not limited to congestive heart failure (NYHA class III or IV), uncontrolled significant persistent cardiac arrhythmia, history of prior stroke) *hypertension is NOT a contraindication.
4. Suspected central, or complex sleep apnea, periodic limb movement disorder, insomnia, parasomnia, circadian rhythm disorders, or narcolepsy.
5. Patients under the age of 18.
6. Physical or cognitive inability to appropriately use the equipment or does not have someone able to assist with the equipment.
7. Previous technically suboptimal home sleep study.
8. Body mass index (BMI) to be left up to discretion of sleep lab medical director.