

POLYSOMNOGRAM/SLEEP STUDY INFORMATION SHEET

Dear Parents:

This letter contains important information for you and your child, please review this letter prior to your scheduled appointment. Your child is scheduled for a Polysomnography Sleep Study on: _____.

In order to furnish your physician with as much information as possible, your child will be at the center for approximately 10 hours. We require one parent or legal guardian to accompany your child throughout the study, no siblings are allowed.

If there is a change in your child's insurance, please contact the ordering physician's office and our office with current information in case an authorization is required, and to prevent any billing issues.

Our office staff will contact you the day of the test to confirm the appointment. If we have not made direct contact, please call our office (714) 509-8651 within 24 hours to confirm your scheduled appointment.

If your child is ill (i.e. -fever, cold, cough, congestion, vomiting) or you're unable to keep your appointment, immediately call to reschedule your test. Also, please prevent your child from napping throughout the day or falling asleep in route to CHOC.

WHAT TO EXPECT:

Please register with the Admitting department located on the first floor of the main entrance to CHOC. After registration you will be escorted to the Diagnostic Services Department to perform the Polysomnography Study.

Once in the department the Technologist will place thin wires on your child. These wires will not cause pain. These wires are used to measure brain waves, eye movement, breathing effort, muscle tone, oxygen levels and heart rate while your child sleeps.

Should your child need to be fed or changed, you must take care of those needs as you would at home. A technologist is present throughout the study. You will sleep in the same room as your child. Your pediatrician will receive results of the test in approximately two weeks.

PREPARATION:

1. Please bring in your child's insurance card for registration. If there is a change in your child's insurance, please contact the ordering physician's office and our office with current information in case a prior authorization is required, and to prevent any billing issues.
2. If your child is ill (fever, cold, cough, congestion, vomiting) or you're unable to keep your appointment, immediately call to reschedule your test.



3. Please call (714) 509-8651 the day of test (or the Friday before if you have a Sunday night appointment) to confirm your appointment.
4. Bring an adequate amount of diapers and formula for 10 hours.
5. Bring your child's regular pillow and a favorite sleep toy or blanket that your child routinely sleeps with. Bring your child's pajamas or comfortable clothing to sleep in. NO pajamas with enclosed feet or zippers.
6. NO: Lotions, creams or oils on the body or face. Hair must be clean and dry, no hair products. NO Caffeine (chocolates, coffees, cola, tea or any flavoring of.)
7. Bring all medications that your child will require during their stay at CHOC.
8. Unless your child is bottle fed or tube fed, please make sure that you and your child have dinner prior to coming to CHOC.
9. Patients may bring books, homework, laptops/iPads (free Wi-Fi is available), toys and snacks. There will be NO TV or Radio in the room.
10. If your child is on CPAP/BiPAP at home, please bring in mask along with medications if used.
11. If your child should require any special equipment i.e. feeding pump, suctioning, oxygen or if your child is on ventilator support please contact the Diagnostic Services Department at 714-509-8651 to discuss such matters.

We look forward to seeing you. Please call us if you have any questions.

Thank you,

CHOC Children's Hospital of Orange County
Diagnostic Services Department
1201 W. La Veta Ave
Orange, CA 92868
(714)509-8651