CAROLINAS SLEEP SPECIALISTS
Daniel T. Garber, M.D.

Today: _____ Last Visit: _____ DME Company: _____ Purchased: Yes No Date: _____

Primary PAP Machine/Supplies	Secondary PAP Machine/Supplies
☐ **Did not bring primary machine** Type: CPAP/BIPAP/ASV: _____ Device: S8 / S9 / AirSense 10 / Respironics Capability: Fixed Pressure | Auto Pressure: Min ____cm Max ____ cm | Set ____cm. EPAP _____cm Max EPAP _____ cm IPAP _____ cm Max IPAP _____ cm PS: _____ cm | Max PS: _____ cm Backup Rate: _____ | EasyBreath: On EPR: On _____ Off | Patient Preference Ramp Start: _____ cm for ___ mins | Ramp Off Oxygen: Daytime Nighttime Both Liters per minute: _____	☐ **Did not bring secondary machine.** Type: CPAP/BIPAP/ASV: _____ Device: S8 / S9 / AirSense 10 / Respironics Capability: Fixed Pressure | Auto Pressure: Min ____cm Max ____ cm | Set ____cm. EPAP _____cm Max EPAP _____ cm IPAP _____ cm Max IPAP _____ cm PS: _____ cm | Max PS: _____ cm Backup Rate: _____ | EasyBreath: On EPR: On _____ Off | Patient Preference Ramp Start: _____ cm for ___ mins | Ramp Off Oxygen: Daytime Nighttime Both Liters per minute: _____
☐ **Patient did not bring mask and supplies.** Primary Mask: FFM Nasal Pillow Size: _____ Type: _____ Secondary Mask: FFM Nasal Pillow Size: _____ Type: _____ Tubing: *Standard / Slimline / ClimateLine / SYS1HT15*	☐ **Patient did not bring secondary mask and supplies.** ☐ Primary Mask: FFM Nasal Pillow Size: _____ Type: _____ ☐ Secondary Mask: FFM Nasal Pillow Size: _____ Type: _____ ☐ Tubing: *Standard / Slimline / ClimateLine / SYS1HT15*
Patient Use	**Office Use Only | Solutions**
1. How many hours do you allow for sleep per night? 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 2. On PAP, how do you feel now vs. before your PAP? Circle all that apply: ➢ More Alert in daytime ➢ Less Sleepy In The Daytime ➢ Sleep Better ➢ Feel Better In The Morning	☐ Told PT to bring machine, mask and supplies to each visit. ☐ Patient notes: ○ No PAP issues. ○ Better since pressure change. ○ Worse since pressure change. ○ Better on PAP but mask/supply issues. ○ Better but dry mouth/nose issues. ○ Better but Non-PAP issues affecting usage. **Old supplies**. Excessive leak Irritation **Headgear loose**
3. Is your mask comfortable? Yes No Ok, but not ideal. 4. Does your mask have significant leak? Yes No Sometimes Only in certain positions 5. Do you breathe through your mouth on CPAP? Never Rare Sometimes Often 6. Do you have Chinstrap? Yes No Don't Use PT has FFM	☐ Patient likes current mask. ☐ Patient wants FFM backup. ***Pt has FFM backup*** ☐ Patient to schedule visit for: ○ Mask Refit ○ FFM Backup ○ FFM Backup at PT request ○ Reinstruct machine (humidity, ramp, etc.) ☐ Discussed with patient to use chin strap. ☐ Add chin strap
7. How often do you clean mask? Daily Every Few Days Weekly Bi-Weekly Monthly Very Rarely ***Only uses Wipes***	☐ Instruct patient to wipe mask QD to get skin oils off, start with clean dry face; Clean all supplies thoroughly weekly or more often if problems, i.e. skin irritation.

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8. Do you turn your CPAP off when you get out of bed to go to bathroom? Automatic Always Sometimes Never 9. Smart Start: Enabled Disabled 10. Auto Off: Enabled Disabled	☐ Instruct patient to turn off CPAP when not in use. ☐ Smart Start: Enabled Disabled ☐ Auto Off: Enabled Disabled
11. Do you have significant dry mouth on CPAP or after using? Mild Moderate Severe No 12. Do you have any dry mouth during the day? (Not on CPAP)? Mild Moderate Severe No 13. Are you taking medications that may cause dry mouth? Yes No	☐ Reinstruct on Temperature/Humidity ☐ Provide handout on adjustment of Temp/Humidity ☐ Change to climate line tubing ☐ Reeducation on CPAP ☐ Instruct patient to speak with other doctors about dry mouth during the day.
14. What type of water do you use in machine? Distilled Only Mostly Distilled Bottle Tap Water Doesn't Use Water	☐ Instruct patient to use distilled water only.
15. Do you feel like the pressure is too high or too low? At Beginning: Ok Little Low Low Little High High During Sleep: Ok Little Low Low Little High High 16. If pressure is "Too High", is it because of mask leak at high pressure but otherwise ok? Yes No	☐ Reinstruct Ramp. Set at patient preference. ☐ Reset Ramp: See above ☐ Dr Garber ordered pressure change to_____cmh20 ☐ Request DME Company to follow up on above.
17. Do you have difficulty exhaling against the pressure? Never Rare Sometimes Often	☐ Reinstruct EPR 1 2 3 ☐ Reinstruct EPR. Set at patient preference. ☐ EPR Set at 0 / 1 / 2 / 3 ☐ Handout provided with instruction on EPR/Ramp
18. How often do you fall asleep on couch, recliner, etc. before bed WITHOUT your CPAP on? Never Rare Sometimes Often	☐ EGG timer. Instruct pt to set timer for 15 min. ☐ Discussed with patient to elevate HOB and to avoid sleep in supine position, if unable to use pap.
19. Do you currently smoke? Yes or No	☐ Discussed tobacco cessation with patient. ☐ Instruct patient to follow up with their other physicians