



PAP Nap Therapy

WHAT IS A PAP NAP?

A Positive Airway Pressure (PAP) Nap is a daytime study for patients who have anxiety about starting PAP therapy, are claustrophobic, or are having difficulty tolerating PAP therapy for their sleep-related breathing disorder. Over the course of an afternoon, the patient works one-on-one with a sleep technologist, using relaxation, deep breathing and desensitization techniques to try to become more comfortable with PAP therapy.

WHY DO A PAP NAP STUDY?

Patients are more likely to correctly use and continue with their PAP therapy if they receive individual or group education, sleep technologist coaching, and close follow-up. At AmeriSleep Diagnostics, the PAP Nap is one tool we use to help patients effectively use PAP therapy.

HOW DOES THE PAP NAP WORK?

The procedure itself is a short, in-lab cardiorespiratory recording that is attended by a sleep technologist and ranges from 60 to 180 minutes in length. It is expected that the patient will become comfortable enough with the PAP therapy to fall asleep. During the PAP Nap, patients have individual coaching and counseling by a sleep technologist to overcome any fears or discomforts they have about PAP therapy and to make them more comfortable with the mask and pressure sensations. Minimal bioelectrodes are used during these studies. Patients are given the opportunity to sleep with PAP therapy after going through this counseling session. The goal of a PAP Nap is to help patients get used to the CPAP pressures as well as provide them with an opportunity to try various masks available in order to minimize the preparation time during the formal overnight sleep study at the sleep clinic.



Dear _____

Your PAP Nap will begin the afternoon of _____ at ____ PM, and will end the same day **between ____ PM and ____ PM.**

Please, if you are unable to keep your scheduled appointment, we require 48-hour notice. For scheduling changes, please call central scheduling at (619) 717-8102. ***If you do not notify us, you may be billed \$100.00.*** **PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:**

PATIENT REGISTRATION: The AmeriSleep Clinic Coordinator will reach out to you as soon as a new referral is received from your physician. If you have not had a previous study, new patient paperwork is required for registration.

PRE-TESTING INSTRUCTION: It is required that you sleep between 1 to 3 hours the night before the study. Do not take any naps the day of your test if you can possibly avoid it.

WHAT TO EXPECT: The technician will apply sensors to your head and torso. There is little, if any, discomfort involved. There will be a mask fitting session with 60 to 120 minutes in bed with a PAP device.

MASK: Please bring with you the most recent mask you have been using if applicable.

ATTIRE: Please dress comfortably because you will be laying down for a short nap.

Please arrange for a ride to and from the clinic if you feel excessively sleepy.

REPORTING TIME: If you are not able to arrive by the time of your study please call the lab and inform a member of our staff. Again, late cancellations or missed appointments may be subject to a \$100.00 fee.

We would like to thank you for choosing AmeriSleep Diagnostics for your Sleep Study!

LOCATION

**4025 Camino Del Rio S, Suite 103
San Diego, CA 92108**

Phone: 617-717-8102

Email: administration@amerisleepsd.com

Website: www.amerisleepsd.com

Patient Name _____

Date _____

PRE-SLEEP PAP NAP QUESTIONNAIRE

The following questions will help us to understand your immediate state of being and apply to the previous 12 hours (unless specified otherwise).

1. What time do you normally wake up in the morning? _____
2. What time did you wake up today? _____
3. Have you taken any naps since you woke up this morning? _____ If Yes, how long? _____
4. Have you had any alcohol, tea, coffee, pop or medications in the last 24 hours? If Yes, please list:

5. Please List (Prescription & Non-Prescription): _____

6. Did anything out of the ordinary happen today? If Yes, please explain: _____

7. Have you had a sleep study? If so where and when? _____

8. Are you currently using a PAP device? _____ If yes, what PAP device are you currently using?

9. Are you having issues with any of the following (*please check all that apply*):

Mask:

- Leak Pain/ Pressure Rash Model Headgear Claustrophobia
- Unconscious Removal Post-Traumatic Stress Disorder

Pressure:

- Pressure sensitivity Swallowing air Unable to fall asleep because of trouble breathing OR?
the pressure
- Waking up feeling the pressure is too high Utilizing ramp

Dryness: At what level is your humidity set? _____

- Dry nose Dry mouth, using nasal mask Dry mouth, using full face mask