McLaren HEALTH CARE

Pre-Scheduling Checklist for Cranial/Hypoglossal Neurostimulator Insertion Procedure for Obstructive Sleep Apnea

Instructions: Each item must be checked before scheduling the neurostimulator insertion procedure

Cranial/Hypoglossal Nerve Neurostimulator for Obstructive Sleep Apnea

Office Note Documentation: (Check if Present)	
	Diagnosis of Obstructive Sleep Apnea
	Secondary diagnosis of a BMI less than 35 kg/m2
	Polysomnography (PSG) performed with 24 months
	Patient has predominantly obstructive events (defined as central and mixed apneas less than 25% of the total apnea-hypopnea index (AHI)) and AHI is 15 to 65 events per hour
	CPAP failure (defined as AHI greater than 15 despite CPAP usage) or CPAP intolerance (defined as less than 4 hours per night, 5 nights per week or the CPAP has been returned) including shared decision making that the patient was intolerant of CPAP despite consultation with a sleep expert
	Absence of complete concentric collapse of the soft palate as seen on a drug-induced sleep endoscopy (DISE) procedure; and no other anatomical finding that would compromise performance of the device
	Shared decision making between the patient and provider

Name _____ Date _____ Time _____
(Signature of person completing checklist)

PT.

MR.#/RM.

DR.