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	Patient Name:	ì
	DOB:	! ! !
	MRN:	 
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## ATTENTION: SLEEP STUDY IN PROGRESS

Please keep noise and movement at a minimum. If you have any questions, please see the nurse or contact Respiratory Care Services at <u>6-1877-6116</u>. Thank you.

Sleep LOG (RN or RT to fill out)

**Instruction**: Please circle the patient's level of sleep and position at the corresponding time.

Time	Level of Sleep A=Awake W=Woke Up S=Sleeping			Position 30=HOB 30° S=Supine RSD=Right Side Down LSD-Left Side Down P=Prone					RN/RT Initials
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	
	Α	W	S	30	S	RSD	LSD	Р	



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Patient Name:	
DOB:	
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## **OVERNIGHT SLEEP STUDY LOG**

UNIT/ROOM	DONE BY (INITALS):	COMMENTS
	UNIT/ROOM	UNIT/ROOM DONE BY (INITALS):