



Patient Name: .....

Appointment: ..... @ 8:45 am

### Multiple Sleep Latency Test (MSLT) Information

You have been scheduled for a MSLT study at the Sleep Disorders Center in Olathe Medical Center, Inc. Please read the following instructions to prepare for your test. If you have any questions, please contact the Sleep Disorders Center at (913) 791-4282.

#### REASON FOR PROCEDURE

The MSLT is typically performed on people whom a physician suspects may have narcolepsy. The test also determines a person’s degree of sleepiness. Narcolepsy is a genetic disorder in which the person suffers from sudden “sleep attacks” and excessive daytime sleepiness. Cataplexy is a loss of muscle tone often brought on by extremely emotional events such as anger, laughter, happiness, or sadness. Other symptoms may include sleep paralysis and hallucination. The onset of narcolepsy is often seen in the late teens to early twenties.

#### DESCRIPTION OF PROCEDURE

The MSLT test is a series of five naps recorded throughout the day at two-hour intervals. The first nap will begin at 8:00 AM with most naps lasting 20-35 minutes. At the start of each scheduled nap period, you will be asked to try and go to sleep. The room lights will be off and the temperature should be comfortable for you.

To record the data, the technologist will attach several wires to monitor your wakefulness or stage of sleep. Six electrodes on the scalp monitor state of consciousness. One electrode beside each eye monitors eye movements and two chin electrodes monitor muscle tone. Two wires will be affixed near each shoulder to monitor your heart rhythm.

#### GENERAL INFORMATION

Most MSLT procedures are performed after a night time sleep study. If you are having a night time sleep study, the sleep technologist will wake you around 6 am and remove excess recording equipment that will not be used during the day.

If you are only scheduled for the daytime MSLT please check in at Outpatient Registration in Doctor’s Building 1 by 7:00 am. This will provide the technologist enough time to orient you to the Sleep Disorders Center and prepare you for the study. You should plan to bring insurance information, referral or authorization papers, and a list of all medications (include prescription and over-the-counter medications). If you require any accommodations such as a wheelchair or oxygen, please contact the Sleep Disorders Center at (913) 791-4282 and arrangements will be made for your comfort.

20.0021



Olathe Medical Center  
20333 West 151<sup>st</sup> Street  
Olathe, Kansas 66061

### MULTIPLE SLEEP LATENCY TEST (MSLT) INFORMATION

Page 1 of 2

6.22.2015;RESP;ca

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**PRE-TEST PREPARATORY INFORMATION**

Dress comfortably on the day of your study. If you are having a sleep study the night before your MSLT, bring comfortable clothes to change into for the day of your test.

If you did not have the night time sleep study the night before the MSLT please shower, shampoo and dry your hair before you arrive. The sensitive nature of the recording equipment requires as clean a connection as possible. Do not use any type of hair preparations such as activators, conditioners or moisturizers.

Sensors placed on the face are difficult to apply to facial stubble; therefore, we ask men to be clean-shaven, **unless you have a beard. Do not shave your beard for this study!**

Breakfast and lunch will be provided for you after your first and third naps are completed. Your technologist will have you fill out a lunch menu in the morning before the first nap. Caffeine of any form is not allowed during this test.

You will have just over an hour of waiting between naps. A DVD/VHS player is available in the room and basic cable channels are provided. You may bring other items to help pass the time as well.

We ask that you continue your normal medication schedule unless told otherwise by your physician. Olathe Medical Center is a tobacco free facility. Tobacco of any type is not permitted on the campus.

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**CONSENT AND RELEASE OF MEDICAL INFORMATION**

By signing this form, you are giving consent to undergo multiple sleep latency testing at the Olathe Medical Center Sleep Disorders Center and consent to video and audio recording for the duration of your stay. Furthermore, you are allowing the Olathe Medical Center Sleep Disorders Center to release the results of your test and treatment to your referring physician. To facilitate quality care and treatment follow-up, you also consent to have your referring physician release pre- and post-study clinical information to the Olathe Medical Center Sleep Disorders Center.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS:

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Patient Signature

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Witness

Barcode on first page only

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Page 2 of 2

6.22.2015;RESP;ca

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