



# Instructions for Cardiorespiratory Sleep Study “PAP Nap”

In order to have the best chance of falling asleep during your nap study, please follow the instructions listed below:

1. We would like you to be slightly sleep deprived so you will be able to fall asleep during your nap study. Therefore, we ask that you stay awake 1 – 2 hours later than usual the night before and the test and/or get up 1 – 2 hours earlier than usual the morning of the test.
2. **WE RECOMMEND THAT YOU DO NOT DRIVE** because you will be slightly sleep deprived. Please have someone drive you to our Center and then pick you up after the test.
3. **DO NOT TAKE A NAP** prior to the test.
4. We recommend that you eat lunch 1 – 2 hours before your nap. This can sometimes increase your sleepiness. However, **AVOID ALL ITEMS THAT CONTAIN CAFFEINE SUCH AS COFFEE, TEA, CHOCOLATE, SOFT DRINKS** for 12 hours before the PAP nap.
5. Allow 3 – 4 hours for your nap study appointment.
6. Wear loose, comfortable clothing and feel free to bring a favorite pillow or blanket.
7. Take medication as usual, with the exception of stimulant medication. Please wait to take stimulant medication until after the PAP Nap. If you need to take medication during your nap study, please bring it with you as the Sleep Center is not allowed to dispense medications of any kind.
8. If you think music will help you fall asleep, you may bring an IPOD or CD player of your choice.
9. Good nasal breathing is very important for this nap study. If you have nasal allergies, please treat them as usual. If you have a cold or feel ill, we recommend that you reschedule the nap study.

Your appointment date is : \_\_\_\_\_ time: \_\_\_\_\_

**A member of the Sleep Disorders Center will call you prior to your study to answer any questions that you might have.**

**I agree to the above instructions and will take all precautions necessary to safely arrive at Olathe Medical Center Sleep Disorders Center prior to my study. I also consent to video and audio recording for the duration of my stay.**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

20.0021



**Olathe Medical Center**

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Olathe, Kansas 66061

## PAP NAP INSTRUCTIONS SLEEP DISORDERS CENTER

Page 1 of 1

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**O.M.C. No. 2104**

PLACE  
PATIENT LABEL  
HERE