# HACKETTSTOWN REGIONAL MEDICAL CENTER CENTER FOR SLEEP RELATED DISORDERS PROTOCOL FOR MSLT

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Effective Date: June, 2010 Policy No: 7.030

Cross Referenced:

Reviewed Date: 04/12

Origin: Center for Sleep Disorders

Authority: Cardio/Pulmonary Manager

Revised Date: Page: 1 of 2

**PURPOSE:** The use of a standard protocol for the performance of the MSLT, which is consistent with the Clinical Practice Parameters of the AASM, assures consistency among technicians, comparisons between tests, and interpretation, which is consistent with published data.

**POLICY:** The sleep center performs MSLTs in accordance with the Clinical Practice Parameters for MSLTs established by the AASM and published guidelines. MSLTs must be ordered by the referring physician and approved by a sleep staff physician. MSLTs must always follow all night polysomnography. MSLTs are used to diagnose narcolepsy and to objectively evaluate excessive daytime sleepiness in patients. MSLTs may also be used to compare pre- and post-treatment effectiveness in patients with daytime sleepiness (e.g., obstructive sleep apnea patients).

#### **PROCEDURE:**

### **General Description:**

- The MSLT begins about 1.5 3 hours after the patient has awakened from their all night sleep study.
- The patient will be given all meals at least 1 hour prior to the performance of the MSLT. Throughout the day no caffeine or stimulant medication is permitted.
- The MSLT consists of 5 nap opportunities given 2 hours apart.
- Between naps patient is kept out of bed and is visually monitored to ensure that no napping occurs. In each nap test, the patient rests in a quiet darkened room and is told to try to fall asleep. T
- he patient is given 20 minutes to fall asleep. If the patient falls asleep in 20 minutes or less they are allowed 15 minutes of sleep before ending the test.
- The MSLT is recorded with standard polysomnography using the following montage: REOG, LEOG, chin EMG, EEG (F3M2, F4M1, C3M2 or C4M1), EEG (O2M1 or O1M2) and EKG.
- The mean sleep latency is determined across all naps. Sleep latency is defined as the time from lights out to the first epoch of any state of sleep scored
- If sleep does not occur during a nap, the nap is scored as "20 minutes".
- REM latency is also determined across all naps. REM latency is defined as the time from sleep onset to the beginning of the first epoch of REM sleep.
- Drug screening may be indicated to ensure that sleepiness on the MSLT is not pharmacologically induced.
- Drug screening is usually performed on the morning of the MSLT, but its timing and the
- Circumstances of the testing may be modified by the clinician.

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### **Details of Procedure:**

1. After arising the patient should toilet, dress in street clothes and eat breakfast.

2. The MSLT procedure should be explained to the patient.

3. Between naps the patient should be out of bed and continuously monitored visually by technicians to insure that no napping occurs.

4. The following schedule of events occurs prior to each nap test:

30 minutes before- cessation of smoking

15 minutes before- suspension of physical activity

10 minutes before- preparation for bed

5 minutes before- electrodes connected and patient calibrations completed [Standard instructions for patient calibrations prior to each nap include: (1) lie quietly with your eyes open for 30 seconds, (2) close both eyes for 30 seconds, (3) without moving your head, look to the right, then left, then right, then left, right and then left, (4) blink eyes slowly for 5 times, and (5) clench or grit your teeth tightly together].

5 seconds before- instructions to relax and try to fall asleep [With each nap opportunity the subject is instructed as follows: "Please lie quietly, assume a comfortable position, keep your eyes closed and try to fall asleep."]

**0**-lights out

- 5. The test is ended after 20 minutes if no sleep occurs. If sleep does occur, the test is ended 15 minutes after the first 30 sec epoch scored as sleep according to the AASM Scoring manual.
- 6. Evaluations for narcolepsy require 5 naps with a positive diagnosis attributed to two naps with REM.