



1001 Gause Blvd.
Slidell, LA 70458
(504) 643-2200

DATE OF PROGRESS NOTE: 03/08/2012
PHYSICIAN: Hans E Schuller, M.D.
ROOM #:
CLINIC CODE:

NAME: Dammon, David
MED REC #: 114-05-07
ACCOUNT #: 00001140507

SLEEP CLINIC PROGRESS NOTE

Mr. Dammon comes to the sleep center today for follow-up. He has obstructive sleep apnea with a 51.7 RDI. He is on CPAP at 10 cm. He is doing fair at this point. His wife passed away a few months ago and he finds that his sleep is a bit more difficult. He has awakenings at night. He is not having any gasping, coughing, or choking episodes. He feels rested during the day. He is not awakening for pain or discomfort. There is on yelling, screaming, kicking, twitching. He has not injured himself. During the day he is alert, awake, and not falling asleep.

Social history is that of a smoker.

Medications included Bactrim, Naprosyn, and Nexium. Review of systems is pertinent for him undergoing a prostate workup. There has been no fevers, chills, no vomiting, diarrhea, rashes, or bleeding.


His exam showed him to be in no acute distress. Blood pressure 119/69, saturations 98%. He weighs 197. He is 5 feet 10 inches. Sclerae are nonicteric. Nares are patent. Throat was not injected. No jugular venous distention, no cervical adenopathy. Chest is without any wheezing, crackles, or rales. Trachea is midline. Heart is without a gallop. Abdomen is soft, nontender. Extremities are without any clubbing, cyanosis, or edema. Cranial nerves II-XII are grossly intact.

IMPRESSION:

1. Obstructive sleep apnea, clinically doing fairly well, not having any snoring, no other parasomnia complaints.
2. He has increased awakenings at night. This is probably situational depression from loss of his wife.
3. He has lost some weight since he was last here and may not require as much pressure as he did previously on his CPAP.

PLAN: With his increased nocturnal awakenings I will obtain a repeat CPAP titration to reassess his pressure needs. I will also download his equipment and usage. I will see him back in follow-up in about a year. From my standpoint he is fit to fly.

HS/deb
DD: 03/08/2012
DT: 03/12/2012 10:54 A
JOB: 000567171



Hans E Schuller, M.D.

cc: James Newcomb, M.D.
U.S. Department of Transportation, Federal Aviation Administration

DATE: 03/29/2012
D.O.B: 04/23/1956
AGE: 55 ATT PHYS:
ROOM:ACCON PHYS:
CLINIC CODE:

NAME: Dammon, David P
MED REC #: 114-05-07
Hans E Schuller, M.D.
Hans E Schuller, M.D.
ACCOUNT #: 00040207249

Slidell Memorial Hospital
Sleep Disorders Center

NOCTURNAL POLYSOMNOGRAPHY WITH NASAL CPAP

GENERAL SUMMARY: Nocturnal polysomnography is performed with nasal CPAP to re-titrate his pressure needs. The standard polysomnographic montage was applied and nasal CPAP was placed. He was found to have a previous RDI of 51.7. Nasal CPAP is placed and the study begins at 10:12 p.m. on March 29, 2012 and ends at 6:43 a.m. on March 30, 2012.

Total time in bed is 510.9 minutes with a total sleep time of 434 minutes. Sleep efficiency is 84.5%. It takes him 14 minutes and 57 seconds to fall asleep. There are 157 stage shifts with 54 awakenings. There are 5 REM episodes present. Stage 1 sleep represents 16% of TST, stage 2 sleep 47.6% of TST, slow wave sleep 19.1% of TST, and REM sleep 17.3% of TST. Latency to REM is 102.5 minutes. He demonstrates alpha intrusion and alpha delta sleep to be present. There is also increase in spontaneous arousals.

Monitoring of his respiratory status shows that we placed him on nasal CPAP. It starts at 10 cm and still has some mild fluctuation in saturation and effort. He is increased to 12 cm and does well as 12 cm. He has a normal RDI, normal oxygen saturation. He used a nasal mask, but required a chin strap for mouth breathing.

He demonstrates a normal sinus rhythm with a mean heart rate of 61.3 with a rare PVC. No periodic limb movements of sleep are present.

CONCLUSION: Nocturnal polysomnography with nasal CPAP demonstrates:

1. Good control of his obstructive sleep apnea requiring slight increase in pressure to 12 cm. He does well at this pressure setting requiring a nasal mask and a chin strap.
2. Normal sinus rhythm with a rare premature ventricular contraction is present.
3. Alpha intrusion.

HS/deb

DD: 04/05/2012
DT: 04/07/2012 11:09 A
JOB: 000572084

cc: Hans E Schuller, M.D.



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Slidell Memorial Hospital
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SLEEP STUDY



Slidell Memorial Hospital
and Medical Center

1001 Gause Blvd.
Slidell, LA 70458
(504) 643-2200

DATE OF PROGRESS NOTE: 04/09/2012
PHYSICIAN: Hans E Schuller, M.D.
ROOM #:
CLINIC CODE:

NAME: Dammon, David
MED REC #: 114-05-07
ACCOUNT #: 00001140507

SLEEP CLINIC PROGRESS NOTE

Mr. Dammon had polysomnography performed with CPAP titration. We increased his pressure slightly to 12 cm and he has done well with this. He required a chin strap and a nasal mask. Download on his device use shows that he has been compliant with his machine at 96.4%. He uses it an average of 6 hours 5 minutes a night. With this added information he is again declared fit to fly.

HS/deb

DD: 04/09/2012
DT: 04/10/2012 8:39 A
JOB: 000572474

Hans E Schuller, M.D.

cc: *U.S. Dept. of Transportation, Federal Aviation Administration