County of Los Angeles Department of Health Services

OLIVE VIEW-UCLA MEDICAL CENTER
RESPIRATORY CARE SERVICES – SLEEP MEDICINE
POLICY & PROCEDURE

NUMBER: 11429

VERSION: 1

SUBJECT/TITLE: **PAP ASSESSMENT**

POLICY: It is the policy of the facility that all patients prescribed PAP treatment by the sleep facility medical staff will be offered PAP assessment follow-up within 12 weeks of treatment initiation

PURPOSE: Completing a PAP assessment for patients prescribed PAP treatment by sleep facility staff will provide a measure to determine if patients have an adequate response to the prescribed treatment.

PROCEDURE:

1.0 Each patient prescribed PAP treatment by facility medical staff will be offered a follow-up PAP assessment within 12 weeks of treatment initiation.

2.0 Each patient prescribed CPAP will be offered a patient education session called CPAP Bootcamp, that will include a follow up visit or phone call within 1 month. The subjective response of the patient will be obtained through a questionnaire.

2.1 Subjective response will be documented in the patient medical record

3.0 Device download information will be remoted downloaded at the time of the follow-up visit or phone call and documented in the patient medical record.

4.0 If the patient does not arrive for the follow-up visit or respond to the telephone appointment, facility staff will attempt to contact the patient again by telephone and letter to complete a telephone or in-person questionnaire assessment.

5.0 Attempts to follow-up with the patient will be documented in the patient medical record.

6.0 If the patient reports a positive response to therapy and the device download confirms use and response to therapy, this will be documented in the patient record.

7.0 If the patient reports a negative response regarding therapy and/or the device download shows an inadequate response, facility staff will schedule an in-person appointment to discuss the response to therapy, which will include but not be limited to:

7.1 Assessment of use of the device

7.2 Assessment of intolerance or non-acceptance of the device

7.3 Review the device download

7.4 Review telephone questionnaire response/previous subjective response

7.5 Review device patient interface

7.6 Address other underlying causes of inadequate response

References:	
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