Titration Protocol to Adjust Oral Appliance to Manage Previously Diagnosed OSA

Any Significant CSA Which May Develop During the Titration to be Addressed by Physician Afterward

Review Type of MAS Used Compare to Reference Sheet if Needed for Titration Technique

If Patient Has Been Previously Prescribed Supplemental Oxygen During Daytime Then Use It For The Study

Review Patient’s Diagnostic AHI/SpO2 Stats and Establish Titration Objective as Below

Review Physician’s/Dentist’s Orders

Review Patient’s Medical Hx

Regardless of the severity of the diagnostic AHI, the technician should attempt to eliminate sleep disordered breathing by advancing the oral appliance as follows

AHI < 5 SpO2 >90%

Monitor Patient Until It Becomes Obvious that AHI is Elevated Beyond the Titration Objective or Until Completion of First REM Cycle, Whichever is First

If OSA is Adequately Controlled As Defined by Tx Objectives NO Adjustment is Needed Observe for Adverse Change In Future REM AHI

If REM AHI Increases Beyond Guidelines Begin Titration

If OSA is NOT Adequately Controlled Remove MAS and Adjust Device 1mm Forward

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If OSA is NOT Adequately Controlled Remove MAS and Adjust Device 1mm Forward
If Loud Snoring is Observed for > 3 Min, Technician May Do Additional Adj Cycle Not to Exceed Three Cycles Total

If OSA is Well Managed BUT SpO2 Falls Below 88% for 5 Min, Technician Should Note This Finding in the Summary Report to be Reviewed by the Physician Who May Request Further Evaluation

Return to Referring Dentist for Assessment and Possible Additional Titration of the MAS
May Require Additional PSG or HST and Repeat Titration Protocol

Sleep Tech Shall Adjust the Oral Appliance Back to Original Position at End of Titration PSG

Send Summary Report to Dentist Including Statistics from EACH Titration Position

All Oral Appliance Patients Remain Patients of Record with Attending Physicians Who Are Responsible for Final Decisions Regarding Efficacy and Need for Adjunctive Therapy Including Oxygen Supplementation, CSA Management, etc.