

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Hypersomnia diagnosis: \_\_\_\_\_

Plan date: \_\_\_\_\_

Sleep doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Hypersomnia symptoms	Yes?	Details including typical timing and severity
Excessive daytime sleepiness		
Brain fog		
Extended nighttime sleep		
Daytime sleep needs (required naps)		
Severe sleep inertia		
Automatic behaviors		
Autonomic symptoms		
Disrupted sleep		
Cataplexy		
Sleep paralysis		
Sleep-related hallucinations		
Sudden sleep attacks, including microsleeps		
Sleep apnea or sleep-related breathing problems		
Other:		

**Note: It is important not to confuse these symptoms with delirium, which they may mimic or cause.** Delirium is a disturbed state of mind or consciousness that may quickly and suddenly change, with symptoms such as confusion, agitation, and hallucinations.

Usual treatments, including dose, times of day, and other details	Plan (stopping and restarting treatments, substitutions when oral medicines can't be taken, etc.)

Plan for storing and dispensing (giving) medicines brought from home:

If hypersomnia treatments are stopped or delayed, describe how symptoms may change:

If nighttime or daytime sleep needs aren't met, describe how symptoms may change:

How will sleep needs be met? During required sleep periods, what should be done to prepare the room for sleep?

What are the main hospital or facility stay concerns? Also, describe any previous problems the patient had. Attach medical records if relevant.

How will other concerns be addressed?

What is the patient's usual response to sedating medicines such as opioids and benzodiazepines? Are there opposite (wake-promoting) side effects from opioids?

Plan for opioids and benzodiazepines:

Pain management plan:

What are the main anesthesia concerns? Also, describe any previous anesthesia experiences and complications. Attach medical records if relevant.

Scheduling plan for pre-op appointments and procedure (including meeting sleep needs):

Anesthesia plan, including monitoring and response plan for sleep apnea, delayed emergence, worsening hypersomnia symptoms, etc.:

Does the patient need to wait longer than the usual 24 hours after anesthesia before driving or operating heavy machinery? If so, how long?

For more information about hypersomnias, see [www.hypersomniafoundation.org/related-disorders](http://www.hypersomniafoundation.org/related-disorders).



For more information about anesthesia and hospitalization, including our guide, references, and resources, see [www.hypersomniafoundation.org/professionals/anesthesia](http://www.hypersomniafoundation.org/professionals/anesthesia).



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**Disclaimer:** This form is based on our discussions with experts and their consensus opinion. The suggestions in this form should not be considered the only acceptable “standard of care,” as there can be local and individual variations in safe medical practice for patients with hypersomnias. Therefore, compliance with this guide (or lack thereof) should not be considered a breach of any acceptable standard of care.