NBRC

NBRC-SDS

NBRC Sleep Disorders Specialty

Latest Version: 6.0

Question: 1

A commercial driver treated for severe obstructive sleep apnea asks the sleep programme to confirm that they are fit to return to full duties. The download shows good use, and the patient reports feeling much better.
What should the evaluation rest on?

A. Objective evidence of adequate use and control, since fitness turns on both together
B. The absence of any incident since therapy started, that being the outcome of interest
C. The number of hours of use alone, since adherence determines the outcome and is objectively recorded
D. The patient's own report of improvement, sleepiness being a subjective experience

Answer: A

Question: 2

A patient asks how expiratory pressure relief on a continuous pressure device differs from a bilevel device.
Which explanation is accurate?

A. Expiratory relief and bilevel therapy are the same function under two manufacturers' names
B. Expiratory relief is offered only on auto-adjusting devices and bilevel only at fixed settings
C. Expiratory relief drops the pressure briefly at the start of exhalation and then restores it
D. Expiratory relief raises pressure above the set value during inspiration; bilevel does not

Answer: C

Question: 3

A run of epochs shows clear stage R at its start and at its end, with rapid eye movements and minimal chin tone. Between them, several epochs show the same low-amplitude mixed-frequency background and the same minimal chin tone, but no eye movements at all.
How are the intervening epochs staged?

A. Stage N2, because the epochs lie between two periods of another stage
B. Stage R, because the background and the minimal chin tone continue
C. Stage W, because the absence of eye movement suggests quiet wakefulness
D. Stage N1, because no rapid eye movements and no spindles occur within them

Answer: B

Question: 4

A treated patient is referred for a daytime maintenance-of-wakefulness assessment.
What does that assessment measure?

A. The patient's ability to stay awake in a soporific setting while instructed to remain awake
B. How quickly the patient falls asleep when given the opportunity to do so
C. The proportion of the night that the patient spends in rapid eye movement sleep
D. The number of respiratory events that remain while the patient is on therapy

Answer: A

Question: 5

During a pediatric study the exhaled carbon dioxide waveform loses its plateau and the reported values drift downward over several minutes, while airflow, effort and oxygen saturation continue unchanged and the child breathes regularly through the nose.
What is the most likely cause, and what should be done?

A. The child has moved to mouth breathing, and the sensor should be repositioned
B. The child has begun to hypoventilate, and the settings should be reviewed
C. The monitor requires recalibration, and a new calibration should be run
D. The sampling line is obstructed by secretions or condensate, and needs clearing

Answer: D

Question: 6

Which practice is appropriate for reusable sensors and interfaces that contact the patient between overnight studies?

A. Reprocessing only those items used on patients known to carry a transmissible organism
B. Reprocessing every reusable patient-contact item after each use per the manufacturer
C. Discarding all reusable sensors after each patient to eliminate the need for a reprocessing procedure
D. Wiping the item with a dry cloth and returning it to the drawer, since the sensors touch only intact skin

Answer: B

Question: 7

The nasal pressure channel fails at one in the morning and cannot be restored. The thermal sensor, both effort belts, oximetry and the staging derivations continue normally for the remaining four hours.
What can and cannot be scored in the remaining period?

A. Apneas can still be identified, while hypopnea detection is weakened
B. Nothing can be scored, since hypopnea detection depends on nasal pressure
C. Both apneas and hypopneas can be scored exactly as before the failure
D. Only central events can be scored, since the thermal sensor cannot show effort

Answer: A

Question: 8

Surface electrodes are being applied for limb movement monitoring during polysomnography.
Which placement is correct?

A. One electrode placed on each leg, with the two combined into a single derivation
B. A pair over the quadriceps of each leg, since the larger muscle gives a larger signal
C. A pair of electrodes over the anterior tibialis of each leg, recorded separately
D. A single pair over the gastrocnemius of one leg, with the other leg left unmonitored

Answer: D

Question: 9

Opening a record for scoring, the reviewer finds that the lights-out marker sits twelve minutes after the point at which the recording begins and the room lighting changes on the video.
Why does this matter before scoring begins?

A. Because the marker determines which montage and which filters are applied
B. Because the amplifier calibration is timed from the marker rather than from the file
C. Because sleep latency and the time available for sleep are both measured from it
D. Because the epoch grid is aligned to the marker rather than to the start of the file

Answer: C

Question: 10

Half an hour before lights out, the only working carbon dioxide monitor fails. The patient booked tonight is an adult referred with obesity and suspected hypoventilation, and the order specifically asks whether ventilation is adequate during sleep.
How should this be handled?

A. Contact the ordering clinician, since the channel the order turns on cannot be recorded
B. Proceed and substitute oximetry, which will show any clinically important hypoventilation
C. Proceed and note the omission, since the study will still document the respiratory events
D. Proceed with a shortened recording so the bed can be released for another patient

Answer: A

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