

UW-GCRC Project #03-1165-01 Physicians Orders

SDB, Metabolic Syndrome and Vascular Function

P.I.: Javier Nieto, M.D. Ph.D.

*If problems arise during outpatient stay page pulmonary fellow Kevin Reichmuth, M.D. @pager 3957.

1. Patient to bring overnight urine collection jug. Note start and stop times on lab slip and on GCRC flowsheet. Process as indicated below:

A) Aliquot into six 5 ml tubes and label them as "overnight" and include cohort ID number, place in -70 freezer until picked up for delivery to Dr. Goodfriend's lab.

B) Send remaining urine to UWHC lab for creatinine, norepinephrin, and cortisol; mark "**process immediately**" and indicate amount of urine removed for study samples on lab slip.

2. Set-up patient for a daytime urine collection, **store urine jug in refrigerator or cooler.**

3. Obtain a fasting blood samples:

A) One 5 ml SST tube, send to UWHC lab for Glucose, Creatinine, Uric Acid, Insulin, triglycerides, and HDL cholesterol.

B) *Subject has consented to substudy involving sample storage:*

~No: proceed to order #4 below.

~Yes: Draw one 10ml Red tube & one 8 ml Red/Green (CPT) .

*To process:

*Centrifuge Red/Green (CPT) tube at 3000rpm for 25 min @ room temp, aliquot plasma equally into 3 nunc tubes, label as "plasma" and aliquot buffy coat into 1 nunc tube, label as "buffy coat for DNA"; include cohort ID number on all 4 nuncs and place in the -70EC freezer.

*Allow Red tube to clot for 30 min, then centrifuge at 3000rpm for 10 min@4EC, aliquot serum equally into 3 nunc tubes, label as "serum" and include cohort ID number, place in the -70EC freezer.

C) *Subject has consented to mercury substudy*

~No: proceed to order #4 below

~Yes: Draw one 0.5 ml in the mercury free Lavender tube supplied by the study and obtain hair sample.

*Include cohort ID number in Lavender tube, do NOT spin, and place in the -70EC freezer.

4. RN obtains heart rate and respiratory rate and enters results in Medical History Form.

5. Sleep technician will escort volunteer to Echo Lab for Ultrasound Brachial Reactivity at approximately 9AM.

6. Provide patient with a meal after completion of Ultrasound and mid-afternoon snack.

7. Sleep technician to have patient complete self-report questionnaires & medical history form.

8. Sleep technician to measure and record height (cm), weight (kg), and skin folds; and obtain blood pressure in sitting and supine positions; record the sitting values in Medical History Form.

9. Sleep technician to contact Dr. Kevin Reichmuth if:

Any yes answer under heading of Recent Medical History

Any yes, this IS a current serious health problem

BP>160/100 mmHg or <90 mmHg systolic

Heart rate>100 or <60 beats/min

Respiratory rate>20 breaths/min

10. Sleep technician to place Holter, monitor and record a 5 min strip in recumbent position.

11. Sleep technician brings subject and Medical History Form to VA Laboratory for CO₂ rebreathing test.

12. Sleep technician contacted to bring subject back to GCRC.

13. Sleep technician to complete Retinal photography in GCRC sleep room.

14. Subject may self-administer own medications and store them at bedside.

15. Acetaminophen, 650 mg. po every 4 hours prn for pain.

16. Close out daytime urine collection and note start and stop times on a lab slip and on GCRC flowsheet. Process as indicated below:

A) Alliquot into six 5 ml tubes and label them as "daytime" and include cohort ID number, place in -70 freezer until picked up for delivery to Dr. Goodfriend's lab.

B) Send remaining urine to UWHC lab for creatinine; mark "**process immediately**" and indicate amount of urine removed for study samples on lab slip.

17. Subject may be discharged after all sampling & studies are completed at approximately 4PM.

Physician Signature

Date

Time