FNH332800

Northern Health

SLEEP STUDY REQUEST

Tel: (03) 84052444 Fax: (03) 84058230
Department of Respiratory and Sleep Medicine
Email: sleep@nh.org.au
Medical Director: A/Prof Liam Hannan

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: _____

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: _____/_____/_____ SEX: _____

Requesting Doctor

❑ 3 points of ID checked

Name: _____

Provider Number: _____

Report to: _____

Copy to: _____

Date of planned follow up: _____/_____/_____

Office use only

Preferred Timeframe

❑ Urgent (<30 days)
❑ Routine (30-90 days)
❑ Next available

Test for Pre-Op Evaluation? ❑

Interpreter required ❑

→ Language: _____

Indication and Clinical History

Portable Test Requested

❑ Diagnostic Polysomnography

❑ OSA Screening Polygraphy

Laboratory Test Requested

❑ Diagnostic Polysomnography

Additional Monitoring:

❑ PtcCO2/ABG ❑ Diaphragmatic EMG
❑ Arm EMG ❑ Full EEG

❑ Multiple Sleep Latency Test
❑ Include urine drug screen

❑ Maintenance of Wakefulness Test
❑ Include urine drug screen

❑ CPAP Titration/Review
MUST PROVIDE DETAILS ON REVERSE

❑ Split Diagnostic/PAP Titration
MUST PROVIDE DETAILS ON REVERSE

❑ NIV (BILEVEL) Titration/Review
MUST PROVIDE DETAILS ON REVERSE

❑ Other (Please Describe): _____
_____

Notice of Admission – Mandatory information for ALL LABORATORY TESTS

Care Requirements

❑ Needs assistance with self-care

→ Carer details: _____

Mobility Assistance?

❑ Hoist ❑ Walking Aid

❑ Transfers ❑ Wheelchair

BMI: _____

❑ Weight >200kg ❑ Height >190cm

❑ Takes medications in the evening

Health Questionnaire

❑ Heart failure	❑ Arrythmia	❑ Ischemic Heart Disease
❑ Pacemaker	❑ Renal failure	❑ DVT/PE
❑ T1DM	❑ T2DM	❑ Insulin
❑ Asthma	❑ Home O2	❑ Chronic lung disease
❑ Stroke	❑ Epilepsy	❑ Neuromuscular Disease
❑ Sedatives	❑ Chronic Pain	❑ Deep Brain Stimulator
❑ Stimulants	❑ Anticoagulants	❑ Long-acting Opioids

❑ Allergies: _____

❑ *I have explained to the patient/medical treatment decision maker what a sleep study involves, including benefits and risks. I have answered all questions and confirmed that they understand that they will be placed on a waiting list for an overnight sleep study.*

Signature_____ Designation: _____ Date: ____/____/____ Time: ____ : ____

NORTHERN HEALTH – SLEEP STUDY REQUEST

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Northern Health

SLEEP STUDY REQUEST

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Department of Respiratory and Sleep Medicine
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AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: _____

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: _____/_____/_____ SEX: _____

Complete for PAP/SPLIT/O2 STUDIES ONLY

CPAP TITRATION / REVIEW INSTRUCTIONS

1. Start study with CPAP at 4cmH_2O? Yes ❑ No ❑ → preferred start level? _____
   (Default for review is current device settings)
2. Is mask (re)fitting required? Yes ❑ No ❑ Current mask (if known) _____
   Other Instructions? _____

SPLIT DIAGNOSTIC / PAP TITRATION INSTRUCTIONS

1. Commence treatment only if AHI > 10/hr? Yes ❑ No ❑ → preferred criteria? _____
2. If criteria in Q1 are met, should REM be sampled prior to treatment? Yes ❑ No ❑
3. If Q1 is met BUT no REM is sampled, start PAP at 3hrs? Yes ❑ No ❑→ preferred? _____

NIV / BILEVEL TITRATION / REVIEW INSTRUCTIONS

1. Start study with (default is current device settings if not completed):
   Mode (S/T mode default) _____ IPAP (cmH_2O) _____ EPAP (cmH_2O) _____
   Respiratory Rate (/min) _____ Ti min (sec) _____ Ti max (sec) _____
   Rise Time (msec) _____ Trigger Sensitivity_____ Cycle Sensitivity_____
   Other settings_____
2. Deviations to standard setting changes during NIV titration (>10 min between changes)?
   Both IPAP and EPAP will be increased in 1-2cmH_2O increments if obstruction is observed
   → Variation from default: _____
   Pressure support (IPAP minus EPAP) will be increased by 1-2cmH_2O if $PtcCO_2$ increases by more than 5mmHg above baseline level or if persistent elevation in $PtcCO_2$ level above 50mmHg
   → Variation from default: _____
   Changes to Ti min/max or Trigger/Cycle sensitivities will be undertaken when patient-ventilatory asynchrony is observed
   → Variation from default: _____
   Pressure support (IPAP minus EPAP) will be decreased by 1-2cmH_2O if $PtcCO_2$ decreases below baseline level by more than 10mmHg or if absolute $PtcCO_2$ level drops below 30mmHg
   → Variation from default: _____

SUPPLEMENTAL OXYGEN INSTRUCTION

1. Start study on room air? Yes ❑ No ❑ → preferred oxygen flow rate to start? _____/Lmin
2. Should oxygen flow remain constant overnight? Yes ❑ No ❑ → oxygen flow rate will be adjusted
3. If Oxygen flow rate to be adjusted, are there any deviations to default oxygen titration?
   CPAP or NIV titration will occur BEFORE oxygen flow rates are adjusted
   → Variation from default: _____
   Oxygen titration at 0.5L/min increments every 10min to maintain SpO_2 >88%
   → Variation from default (e.g. increments, aim): _____
   Maximum oxygen flow to be delivered during the study will be 4L/min and medical review will be sought if >4L/min is unable to maintain >88%
   → Variation from default: _____

Please note: Patients may be redirected to portable (home) diagnostic polysomnography if no clear indication for a laboratory study is provided in the clinical history. Laboratory studies are generally reserved for cases with an inconclusive ambulatory study, an unsuitable home environment, suspected non-OSA disorder, significant comorbidities, long-acting opioid use, intellectual or physical impairment, or where body position verification is required. Similarly, polygraphy is best used as a screening test for risk mitigation (i.e. “does my patient have severe OSA?”) and requests may be redirected if the study is unlikely to answer the clinical question.
Please note: Multiple Sleep Latency Tests and Maintenance of Wakefulness Test will be performed with diagnostic polysomnography the night before unless otherwise specified.