

Tel: (03) 84054444 Fax: (03) 84058230
Department of 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

Indication and Clinical History

Test for Pre-Op Evaluation? ☐Interpreter required ☐

→ Language: _____

Portable Test Requested

- ☐ Diagnostic Polysomnography ☐ OSA Screening Polygraphy

Laboratory Test Requested

- ☐ Diagnostic Polysomnography
Additional Monitoring:
☐ PtcCO₂/ABG ☐ Diaphragmatic EMG
☐ Arm EMG ☐ Full EEG
- ☐ 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
- ☐ Multiple Sleep Latency Test
☐ Include urine drug screen
- ☐ Maintenance of Wakefulness Test
☐ Include urine drug screen
- ☐ 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 ☐ Arrhythmia ☐ 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

332800

Northern Health

SLEEP STUDY REQUEST

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AFFIX PATIENT IDENTIFICATION LABEL HERE

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SURNAME: _____

GIVEN NAME: _____

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

Complete for PAP/SPLIT/O2 STUDIES ONLY

CPAP TITRATION / REVIEW INSTRUCTIONS

1. Start study with CPAP at 4cmH₂O? 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 (cmH₂O) _____ EPAP (cmH₂O) _____
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 1-2cmH₂O increments if obstruction is observed
→ Variation from default: _____
Pressure support (IPAP minus EPAP) will be increased by 1-2cmH₂O if PtcCO₂ increases by more than 5mmHg above baseline level or if persistent elevation in PtcCO₂ 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 1-2cmH₂O if PtCO₂ decreases below baseline level by more than 10mmHg or if absolute PtCO₂ 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 SpO₂ >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.