



## Prescription for Sleep Care and Respiratory Therapy

Patient	Requesting professional
Last and first name	Professional's last and first name Licence number
Adress	<b>STAMP</b>
City Postal code	
Téléphone	
Gender DOB (yyyy/mm/dd)	
Professionnal's signature (handwritten or electronic) <b>MANDATORY</b> Date	

**Clinical information:**

### Sleep apnea management

With support

- 1** The case management protocol for patients suffering from sleep apnea makes it possible to accelerate the trial of continuous positive airway pressure (CPAP) treatment, at the request of the referring physician, and prioritize medical assessment following their sleep test. This protocol includes:
- Rapid completion of the diagnostic test
  - A treatment trial prescription based upon the interpreting pulmonologist's recommendations
  - A sleep medicine consultation

### Diagnostic sleep test

**At home**

- Home sleep test (≥12 years) **2**
- PEDIATRIC nocturnal oximetry

**Sleep laboratory**

- Polysomnography (PSG)
- Polysomnography (PSG) PEDIATRIC and consultation **3**

### Consultation

- Sleep hygiene consultation with a respiratory therapist  
For patients who are dissatisfied with sleep duration and/or quality. The purpose is to guide patients towards good sleep hygiene, provide them with lasting tools, follow-up on their objectives, and if necessary, direct them to CBT-I.
- Sleep medicine consultation with a pulmonologist - Adult (RAMQ)
- Consultation in sleep medicine with a pulmonologist - Pediatrics (RAMQ)

### Treatment (sleep apnea)

#### Therapeutic adherence protocol

With therapeutic adherence protocole

Allows the respiratory therapist to adjust parameters in order to facilitate adaptation, control respiratory events and ensure optimal treatment for the patient. If the measures taken do not deliver the expected benefits, a consultation with the pulmonologist can be scheduled.

- CPAP (PPC) \_\_\_\_\_ cmH2O
- Auto CPAP (APAP) min \_\_\_\_\_ and max \_\_\_\_\_ cmH2O
- Other indications: \_\_\_\_\_

### Respiratory function tests ≥ 7 ans

- Pre-post bronchodilator spirometry (FEV1/FVC) **4**
- Simple and/or control spirometry **5**
- Methacholine challenge test

All tests are interpreted by pulmonologists who are members of the Collège des médecins du Québec.

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## Which examination should you choose?

**HOME SLEEP TEST** is recommended for patients presenting a moderate to high clinical probability of sleep apnea WITHOUT severe comorbidity such as COPD, heart failure or another pathology affecting oxygenation upon awakening.

**LABORATORY POLYSOMNOGRAPHY (COMPLETE PSG)** is recommended if the diagnosis is uncertain, if the patient has a severe comorbidity or if another sleep disorder is suspected (e.g. narcolepsy, restless legs, sleep behavioural abnormalities).

**SLEEP HYGIENE CONSULTATION** is aimed at patients who are dissatisfied with the duration and/or quality of their sleep (insomnia).

**SLEEP MEDICINE CONSULTATION** is indicated when the clinical data does not clearly identify the best choice of test. This consultation is conducted by a pulmonologist and covered by the RAMQ.

**PEDIATRIC NOCTURNAL OXIMETRY** uses the McGill score to guide treatment in cases of suspected obstructive sleep apnea that is secondary to adenoid and/or tonsillar hypertrophy. In case of doubt, a sleep medicine consultation may be useful. A diagnosis of obstructive sleep apnea cannot be ruled out without polysomnography.

**PRE/POST SPIROMETRY** makes it possible to objectively assess a patient's lung function, diagnose, measure the effect and evaluate its severity. It can also be used to monitor the progression of a lung disease. The test can be performed on adults and children, but requires good understanding and cooperation from the patient.

**BRONCHIAL PROVOCATION WITH METHACHOLINE** is aimed at assessing bronchial hyperexcitability (asthma) using a pharmacological agent such as methacholine. This test can be used to confirm a diagnosis of asthma. It can be performed on adults and children, but requires good understanding and cooperation from the patient.

## Information

1 **THE CASE MANAGEMENT PROTOCOL** accelerates, at the request of the referring physician, the trial of continuous positive airway pressure (CPAP) treatment for patients who suffer from moderate or severe uncomplicated sleep apnea (event index above 15/h), or repeated or sustained severe desaturations (<80%) according to the self-assessment questionnaire:

- Symptomatic (Epworth sleepiness > 10, or 2 other symptoms)
- Drowsy driving
- Risky profession
- Pregnancy

The case management protocol makes it possible to adequately prioritize the medical evaluation of patients following their sleep test. Support and/or consultation with the pulmonologist is only applicable to sleep care.

2 The home sleep test is conducted on an adult or adolescent aged 12 years and older and weighing more than 30 kg.

3 Pediatric polysomnography is followed by a sleep medicine consultation to deliver the results.

4 According to established protocol, a bronchodilator may be administered

5 For a follow-up spirometry, medication should not be stopped.

## Screening Tool – Epworth Sleepiness Scale

What is the possibility of dozing off or falling asleep in these situations? (Based on the scale below)

0: No risk	1: Low risk	2: Moderate risk	3: High risk
Situations			Results
Reading while sitting			
Watching television			
Sitting quietly in a public place			
Passenger in a moving vehicle for over an hour			
Lying down in the afternoon when circumstances permit			
Sitting while talking to someone			
Sitting calmly after a meal without alcohol			
In a car, while stopped for a few minutes at a traffic light or in traffic			
<b>Total:</b>			<b>/ 24</b>

A score of 7 to 9: average score, it is possible to improve sleep quality.

A score  $\geq 10$ : indicates excessive daytime sleepiness, which may be associated with a sleep disorder or warrant an investigation.



Screening for a sleep disorder  
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