Biron B

THIS PRESCRIPTION IS ALSO ACCEPTED IN THE PUBLIC HEALTH CARE

For an appointment

Montreal & area	514 866-2344	**Drummondville**	819 474-5333
Quebec City	418 656-1290	**Sorel**	450 551-2001
Sherbrooke	819 821-3304	**Toll-free**	1 855 SOMMEIL
Trois-Rivières	819 373-0306	**Fax**	450 619-6956
Granby	450 378-5031		

Prescription for Sleep Care and Respiratory Therapy

Patient

Last and first name

Address

City | Postal code

Phone number

Sex | DOB (yyyy/mm/dd)

Requesting professional

Profesionnal's last and first name | Licence number

STAMP

Profesionnal's signature (handwritten or electronic) **MANDATORY** | Date

Clinical information:

The case management protocol

1. The case management protocol allows a quick completion of a diagnostic study, followed by a sleep medicine consultation. The treatment can begin following the pulmonologist's recommendation.

❑ With case management protocol ❑ Without case management protocol (follow up done by requesting profesionnal)

Laboratory

- ❑ Polysomnography (PSG) diagnostic only
- ❑ Polysomnography (PSG) split night 2
- ❑ Manual titration
- ❑ Polysomnography (PSG) PEDIATRIC and consultation 3
- ❑ Maintenance of wakefulness test (MWT)
  - ❑ With CPAP treatment and/or stimulant (name/dose) _____
- ❑ Multiple sleep latency test (MSLT)
  - ❑ With CPAP treatment and/or stimulant (name/dose) _____

At home

- ❑ Cardiorespiratory polygraphy (CRP) 4
- ❑ PEDIATRIC nocturnal saturometry
- ❑ Automatic CPAP titration and treatment at P90/P95*
- ❑ Automatic CPAP titration*

*These titration tests are done in exceptional cases following consultation if APAP treatment trial is not an option.

Treatment

- ❑ Protocol for therapy adherence and consultation with PRN pulmonologist* 5
  - ❑ CPAP (PPC) _____ cmH20
  - ❑ Auto CPAP (APAP) min _____ and max _____ cmH20

*To ensure optimal treatment, adjust settings and pressure mode as needed, to help the patient adapt and control their breathing

Sleep medicine consultation (pulmonologist)

- ❑ Sleep medicine consultation /Adult respirology/Pediatric respirology (RAMQ)

Respiratory function tests ≥ 7 years

- ❑ FEV1/FVC spirometry, pre/post-BD 6
- ❑ Simple and/or control spirometry 7
- ❑ Methacholine bronchial provocation

ALL TESTS ARE INTERPRETED BY PULMONOLOGISTS MEMBERS OF THE COLLÈGE DES MÉDECINS DU QUÉBEC.

Medical Director: Dr Pierre Mayer

AGRÉÉ ACCREDITATION AGREMENT CANADA

Which examination should you choose?

CARDIORESPIRATORY POLYGRAPHY (CRP): Limited to patients with moderate to high clinical probability of sleep apnea and WITHOUT severe comorbidity such as COPD, heart failure or another pathology affecting oxygenation upon awakening.

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

AUTOMATIC TITRATION: Due to the limitations of this treatment (time, relevance and replicability), if it is indicated in patients WITHOUT severe co-morbidity, such as COPD, heart failure or another condition affecting oxygenation upon awakening, the AASM[1] recommends continuing automatic CPAP therapy, followed by a review of the prescription after initial treatment.

MAINTENANCE OF WAKEFULNESS TEST (MWT): Assesses the efficacy of a treatment for hypersomnolence or another sleep disorder.

MULTIPLE SLEEP LATENCY TEST: Indicated for assessing daytime hypersomnolence; can also be useful in diagnosing narcolepsy.

NOCTURNAL SATUROMETRY: Not recommended for adults. Studies using only blood saturation have a limited role in the initial assessment of OSA. The AASM[1] has banned its use for diagnostic purposes, since its interpretation is non-reproducible and does not allow a diagnosis of OSA or a reliable distinction between obstructive sleep apnea and central sleep apnea.

SLEEP MEDICINE CONSULTATION: Conducted by a pulmonologist and covered by the RAMQ.

PRE/POST-BD SPIROMETRY: This test assesses an individual's lung function, to diagnose and measure the effect, as well as evaluate severity. It can also be used to monitor the progression of a lung disease. The test is available for adults and children, but requires a good understanding and the patient's co-operation.

METHACHOLINE BRONCHIAL PROVOCATION: This test assesses bronchial hyperexcitability (asthma) using a pharmacological agent such as methacholine. The test confirms a diagnosis of asthma and indicates its severity. The test is available for adults and children, but requires a good understanding and the patient's co-operation.

[1]AASM : America Academy of Sleep Medicine

Notes

1. **THE CASE MANAGEMENT PROTOCOL** involves a quick diagnostic test followed by a medical assessment, in order to accelerate CPAP treatment for patients with moderate to severe sleep apnea (event index ≥15/h), symptomatic (Epworth sleepiness >10, or two other symptoms) and non-complicated (predominantly obstructive events and absence of hypoventilation in the diagnostic study). It also accelerates the specialized medical assessment of patients with complicated sleep apnea and/or significant daytime alertness problems (Epworth>16) and an AHI of <15/h.

   The case management protocol and/or consultation with a pulmonologist applies to sleep care only.

2. Manual titration may be done the same night if the patient meets the criteria of an established protocol.

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

4. Cardiorespiratory polygraphy (CRP) is done on teenager ≥14 years of age who have entered puberty.
   Girls: Menstruation, breast development
   Boys: Voice changed, body hair

5. **THE PROTOCOL FOR THERAPY ADHERENCE** allows the respiratory therapist to adjust pressure settings, pressure mode and mask as needed. The goal is to help the patient adapt, control their breathing and ensure the best treatment possible. The prescribing physician is informed of the progress and whether the treatment yields the desired outcome. An appointment with the pulmonologist may be arranged.

6. Based on an established protocol, a bronchodilator may be administered.

7. For control spirometry, the patient should not stop taking their medication.