Biron B

THIS PRESCRIPTION IS ALSO ACCEPTED IN THE QUEBEC HEALTH CARE NETWORK

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		

SLEEP CARE PRESCRIPTION

PATIENT

Full name

Address

City | Postal code

Telephone

Gender | DOB (yyyy/mm/dd)

REQUESTING PHYSICIAN

Doctor's full name | Permit no.

STAMP

Signature of doctor **MANDATORY** | Date

CLINICAL INFORMATION

- ❑ Snoring
- ❑ Observed/suspected apnea
- ❑ Sleepiness/fatigue
- ❑ Insomnia
- ❑ Narcolepsy suspected
- ❑ Restless legs syndrome (RLS)
- ❑ Abnormal sleep-related behaviours (RBD)
- ❑ Depression
- ❑ Hypertension
- ❑ Diabetes
- ❑ Cardiac diseases
- ❑ Other: _____

SLEEP STUDY

CASE MANAGEMENT PROTOCOL* AND RAMQ CONSULTATION WITH THE DOCTOR	**WITH CMP***	TEST ONLY
Home study		
Cardiorespiratory polygraphy (at home)	❑	❑
Automated titration of CPAP treatment (at home)	❑	❑
Laboratory study		
Polysomnography, split night protocol (manual titration)	❑	❑
Manual titration of CPAP during polysomnography	❑	❑
Diagnostic polysomnography only		❑
Maintenance of wakefulness test (MWT)		❑
Multiple sleep latency test (MSLT)		❑

Undergoing treatment: _____

PEDIATRIC SLEEP STUDY

- ❑ Pediatric polysomnography (in laboratory)
  - ❑ With consultation
- ❑ Pediatric nocturnal saturometry (at home)
  - ❑ With consultation

In-person consultation (RAMQ) with a respirologist following the diagnostic study (if indicated)

SPECIALIZED MEDICAL CONSULTATION

- ❑ Sleep/respiratory medicine/respirology (RAMQ)
- ❑ Pediatric sleep medicine / respirology (RAMQ)

***WITH CASE MANAGEMENT PROTOCOL**

At your request and with the consent of your patient:

- CPAP therapeutic trial carried out promptly, if indicated (see reverse)
- Home CPAP therapeutic trial for a maximum of three months, depending on the medical specialist's assessment;
- In-person consultation (RAMQ) with a respirologist following the diagnostic study or therapeutic trial

Patient's consent:

I have read this case management protocol. I have also been given the opportunity to ask questions and I understand that additional fees may apply for the CPAP adjustments and trial, over the fees for diagnostic study. I further understand that I am free to withdraw from this management protocol at any time.

Signature of patient : _____

ALL TESTS ARE INTERPRETED BY SPECIALISTS (RESPIROLOGISTS/NEUROLOGISTS) WHO ARE MEMBERS OF THE COLLÈGE DES MÉDECINS DU QUÉBEC.

Medical director: Dr. Pierre Mayer

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AGRÉÉE AVEC MENTION D'HONNEUR ACCRÉDITATION AGRÉMENT CANADA

CLINICAL PREDICTION OF SLEEP APNEA: ANC (adjusted neck circumference)

Circumference	Hypertension + 4 cm	Snoring + 3 cm	Observed apnea + 3 cm	TOTAL

< 43: low risk **43-48:** intermediate risk (increases 4 to 8 times) **> 48:** high risk (increases 20 times)

Reference: N ENGL J Med 347 : 498-504-2002

STOP QUESTIONNAIRE

Snore
Tiredness, sleepiness
Observed apnea
Pressure

2 / 4 = high risk
Sensitivity: 62% to 86%; specificity: 43% to 77%
PPV: 89%; RR: 3.79

Reference: Ann Intern Med, 1999, J Clin Anesth, 2007, Sleep Breath, 2007

EPWORTH SLEEPINESS SCALE

How likely are you to dose off or fall asleep in the following situations? Even if you have not been in one of these situations lately, imagine as best as you can what effect they would have had on you.

Choose the appropriate number for each situation:

0 = No risk of dosing off or falling asleep
1 = Low risk of dosing off or falling asleep
2 = Moderate risk of dosing off or falling asleep
3 = High risk of dosing off or falling asleep

SITUATIONS	
1. Sitting and reading	
2. Watching television	
3. Sitting inactive in a public place (e.g., movie theatre or meeting)	
4. Being a passenger in a vehicle for one hour with no stops	
5. Lying down in the afternoon when circumstances permit	
6. Sitting and talking to someone	
7. Sitting quietly after a meal (no alcohol)	
8. Stopping for a few minutes at a traffic light or in traffic while driving	
TOTAL (add the results)	

Note: The overall score is represented by the sum of the individual scores (normal: < 10) *Reference: Sleep 1991, 14(6), 540-545*
** Some people underestimate their sleepiness.*

WHICH TEST SHOULD BE PERFORMED?

The **cardiorespiratory polygraphy** to evaluate sleep should be reserved for patients presenting a moderate or high clinical probability of having sleep apnea (ANC>43 or STOP≥2) with no severe comorbidity such as COPD, heart failure, or any other pathology affecting oxygenation upon awakening. Depending on the symptom severity and clinical context, a negative test could be followed by a polysomnography in a sleep laboratory or a consultation with a respirologist.

If the diagnosis is unclear or another sleep disorder is suspected (narcolepsy, restless leg syndrome, abnormal sleep-related behaviours) or if a severe comorbidity is present, it is recommended to proceed with a **polysomnography in a sleep laboratory** or to consult a sleep medicine specialist (respirologist or neurologist with additional training in sleep medicine).

THE CASE MANAGEMENT PROTOCOL (CMP):

The aim of the CMP is **to speed up the initiation of CPAP (continuous positive airway pressure) treatment** of patients suffering from **moderate to severe sleep apnea** (event index > 15/h), who are **symptomatic** (Epworth Sleepiness Scale score > 10 or 2 other symptoms) and whose case is uncomplicated (primarily obstructive episodes with no hypoventilation). The CMP also speeds up the specialized medical evaluation of patients who are suffering from complicated sleep apnea (central sleep apnea, Cheyne-Stokes breathing, alveolar hypoventilation during the diagnostic study) or are suspected of having another severe sleep disorder based on the self-report questionnaire, a significant problem with daytime alertness (Epworth score > 16) and presenting an AHI < 15/h or a high index of residual events during CPAP therapy (> 20/h), the presence of central sleep apnea (complex sleep apnea syndrome), or persistent desaturations during the CPAP titration study.