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

Medical director: Dr. Pierre Mayer

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>REQUESTING PHYSICIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name</td>
<td>Doctor's full name</td>
</tr>
<tr>
<td>Address</td>
<td>Permit no.</td>
</tr>
<tr>
<td>City</td>
<td>Postal code</td>
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<tr>
<td>Telephone</td>
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<tr>
<td>Gender</td>
<td>DOB (yyyy/mm/dd)</td>
</tr>
<tr>
<td>Signature of doctor</td>
<td>MANDATORY</td>
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<tr>
<td>Date</td>
<td></td>
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</tbody>
</table>

### CLINICAL INFORMATION

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

### SLEEP CARE PRESCRIPTION

#### 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: ________________________________

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

<table>
<thead>
<tr>
<th>Circumference</th>
<th>Hypertension + 4 cm</th>
<th>Snoring + 3 cm</th>
<th>Observed apnea + 3 cm</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

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


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


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 STOPa2) 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.