University Hospitals Sleep Medicine Services

UH Sleep Services Referral Tool for Pediatrics

PATIENT INFORMATION		REFERRING PROVIDER INFORMATION	
Patient FIRST Name		DATE	
Patient LAST Name		Provider FIRST Name	
Date of Birth		Provider LAST Name	
Caregiver Name ☐ N/A		Practice Type	
PHONE Number		Office PHONE	
Alternate Phone Number		Office FAX	
Optional Patient EMAIL		**>>>>> SIGNATURE**	

REFERRAL TOOL (CHECK ALL THAT APPLY)

SLEEP SYMPTOM(S)

☐ Snoring ☐ Choking ☐ Gasping ☐ Witnessed apneas	☐ Hypoventilation ☐ Hypoxemia ☐ Infant apnea ☐ BRUE	☐ Excessive daytime sleepiness ☐ Hypersomnolence ☐ Excessive fatigue
☐ Enlarged tonsils ☐ Enlarged adenoids	☐ Growing/leg pains ☐ Leg jerks ☐ Restless Legs (RLS) ☐ Sleep restlessness	☐ Excessive waking during sleep ☐ Wakes up too early ☐ Insomnia
☐ Prior adenoidectomy ☐ Prior tonsillectomy	☐ Unusual movements ☐ Unusual behaviors	☐ Sleep walking ☐ Sleep terrors ☐ Enuresis

☐ Other:

MEDICAL CONDITION(S)

☐ Asthma ☐ O2 user (LPM___) ☐ Chronic lung disease ☐ Sickle cell disease ☐ Cystic fibrosis	☐ ADHD ☐ Anxiety ☐ Depression ☐ Autism spectrum	☐ Obesity ☐ Non-ambulatory ☐ Wheelchair user
☐ CPAP/APAP user ☐ BiPAP user ☐ Vent. dependent ☐ CCHS	☐ Cognitive delay ☐ Significant behavioral or psychiatric concerns	☐ Cerebral palsy ☐ Neuromuscular disease ☐ Seizure disorder
☐ Tracheostomy ☐ NG, G, or GJ tube	☐ Down syndrome ☐ Prader-Willi ☐ Craniofacial disorder ☐ Achondroplasia	☐ Heart disease ☐ Known arrhythmia ☐ Hypertension ☐ Diabetes

☐ Other:

REFERRAL INFORMATION

All referrals to UH Sleep Medicine Services will be reviewed and triaged by a board certified sleep medicine provider to ensure proper testing per AASM (American Academy of Sleep Medicine) guidelines. A member of the UH Sleep Center will contact the ordering provider if additional information is needed.

SLEEP CLINIC REFERRAL

In a referral to sleep clinic, your patient will establish care with a sleep specialist for a comprehensive consultation to evaluate and treat the sleep symptoms identified above. The sleep specialist will determine the need for testing. Your patient will call (216) 844-3267 to schedule an appointment and we will send you copies of our clinical notes and results.

Sleep Clinic Referral Details

UH PEDIATRIC SLEEP MEDICINE CLINIC REFERRAL

To evaluate/treat sleep symptoms in infants, children, and teens:

☐ First available UH sleep medicine specialist

☐ Specific UH sleep medicine specialist:

(Pediatric Sleep: Drs. Sally Ibrahim, Moshe Prero, and Kristie Ross)

Evaluate and treat for:

NOTE: referral is required for comprehensive evaluation and care coordination when patients need of one the following procedures:

- Specialized polysomnogram (PSG) with advanced titration (involving Bi-level support, ASV/AVAPS, tracheostomy, or vent. management)
- MSLT: Multiple sleep latency test for the diagnosis of narcolepsy

Provider Instructions

Fax to UH Pediatric Sleep Office: **(216) 844-5916**

- Completed UH Sleep Services Referral Tool for Pediatrics
- Copy of clinical notes that include referral details & discussion
- Patient current medication list (if not listed in clinical notes)
- Pertinent medical records (when applicable)

Patient Instructions

PROVIDE THE FOLLOWING INSTRUCTIONS TO YOUR PATIENT:
Patients call **216-844-3267** to schedule with the pediatric sleep clinic. Assistance with patient registration, insurance requirements, and options for selecting a UH sleep medicine specialist based on office location and clinic availability will be given when scheduling. Pediatric sleep nurses available for additional discussion at **216-286-6448.**

SLEEP TESTING CENTER REFERRAL

You are referring your patient directly to the UH Sleep Testing Center for an overnight sleep study procedure. Your patient will call (216) 844-1301 to schedule. Sleep study results and recommendations will be available to you/ your patient within 5-14 days after the procedure. Indicate need for sleep specialist consultation in the “SLEEP CLINIC REFERRAL” column.

Sleep Testing Center Referral Details

DIRECT REFERRALS TO UH SLEEP TESTING CENTER

To evaluate sleep disordered breathing (SDB) in children and teens:

☐ PSG: Polysomnogram (in-lab sleep study)

☐ HSAT: Home sleep apnea test
(HSAT is reserved for high probability of OSA in obese older teens/ young adults who are able to use the home equipment only when authorized by insurance; HSAT is denied by some insurances, especially Medicaid, therefore your order may be changed to a PSG)

To evaluate and treat OSA in older teens s/p T&A (T&A is first line therapy for pediatric OSA) and who will likely need PAP therapy:

☐ Split-night PSG: PAP mask fitting, diagnostic polysomnogram, and possible PAP titration based on presence of OSA

Treatment only for OSA:

☐ Titration: PAP mask fitting and PAP titration
(needs +OSA diagnosis on prior PSG)

Provider Instructions

Fax to UH Sleep Testing Center: **(216) 844-4998**

- Completed UH Sleep Services Referral Tool for Pediatrics
- Copy of clinical notes that include referral details & discussion
- Patient insurance information (demographic sheet)
- Patient current medication list (if not listed in clinical notes)

Patient Instructions

PROVIDE THE FOLLOWING INSTRUCTIONS TO YOUR PATIENT:
Patients call **216-844-1301** to schedule with the sleep testing centers at UH CMC, Beachwood, Geauga, & Geneva. The Parma testing center will call patients directly. Schedulers can assist with patient registration, insurance requirements, and provide instructions for procedure preparation, arrival, and departure. Options for selecting a UH sleep testing center location based on age and patient needs will be discussed when scheduling. Pediatric sleep nurses available for additional discussion at **216-286-6448.**