SHF300706b

MonashHealth

☐ Dandenong Hospital ☐ MMC – Clayton
☐ Kingston Centre ☐ MMC– Moorabbin
☐ Jessie McPherson ☐ Community Health Services
☐ Casey Hospital ☐ Cranbourne Integrated Care Centre

Affix Patient Identification Label / Complete Details (REQUIRED)

Unit Record Number: .....
Surname: .....
Given Name: .....
Address: .....
D.O.B:. ..... Age: ..... Sex: .....

melbourne children's sleep centre

Paediatric Sleep Request

Caregiver Email: .....
Caregiver Contact Number: .....
Patient Medicare Number: .....

Test Requested

☐ Oximetry Only
☐ Sleep Study Only
☐ Oximetry first → then Sleep Study

Referring Dr: .....
Date: / / Provider Number: .....
Address: .....
Contact Number: .....

Indications for Test:	Specific Tests / Requirements:	Special Needs:
☐ OSAS	☐ MSLT	☐ Tracheostomy
☐ Hypoventilation	☐ CPAP Initiation / titration	☐ Suctioning
☐ Central Sleep Apnoea	Start: ____ cmH_2O Max: ____ cmH_2O	☐ Gastrostomy / night feeds
☐ Periodic Leg Movement	*Titration Instructions:*	☐ Feeding pump
☐ Seizures – add extra EEG	.....	☐ Wheelchair
☐ Parasomnias	.....	☐ Hoist
☐ Sleepiness / Narcolepsy	.....	☐ Apnoea Monitor for sleep study
☐ Behavioural	☐ BiLevel / Ventilator **(additional form)**	☐ Other :
☐ Restless Sleep	☐ Airvo **(MCSC prepare memo)**	.....
☐ Teeth Grinding	☐ Supplemental O_2 requirement **(complete below)**	

Co-existing conditions:

☐ Obesity ☐ Chronic Lung Disease ☐ Neuromuscular Disease ☐ Craniofacial Abnormality
☐ Scoliosis ☐ Cerebral Palsy ☐ Epilepsy ☐ Synd/Other: .....

Clinical Notes: .....

Medications for Sleep Study: ☐ None ☐ Yes: .....

Body Position: .....

Supplemental O_2 Instructions / Intervention for central events

Current O_2 use at home: ☐ Yes ☐ No

☐ Commence in room air, aiming for _____ hours diagnostic before recommencing using _____ L/min O_2

If SpO2 falls to < _____ % due to cyclic central apnoeas OR if SpO2 baseline falls to < _____% for _____ min, commence supplemental O_2 at _____ L/min.

Aim for > _____ % with maximum supplemental O_2 at _____ L/min before contacting on-call doctor.

Is this child co-operative? ☐ Yes ☐ No
Add child to cancellation list? ☐ Yes ☐ No

Referral To: Ward 4E Melbourne Children's Sleep Centre
Level 4, Monash Children's Hospital, 246 Clayton Road, Clayton 3168
Fax: (03) 8572 3878 OR Email: Antonina.Lyons@monashhealth.org

Corro Divider

PAEDIATRIC SLEEP AND OXIMETRY REFERRAL