

Referral Criteria for Patients with suspected Sleep Disorders

The Sleep Service at St George's Hospital primarily treats patients with *sleep disordered breathing* (predominantly, obstructive sleep apnoea), restless leg syndrome or periodic limb movement disorder. Referrals are prioritised by Dr Nicola Walters, Consultant lead for the Sleep Service, or deputy. All patients who are referred to the Sleep Clinic at St Georges Hospital will attend for a diagnostic home sleep study appointment prior to seeing the doctor. This involves collecting the equipment one afternoon, sleeping at home and then returning the equipment the following morning. They will then have a clinic appointment to see the sleep physicians approximately 3 weeks later.

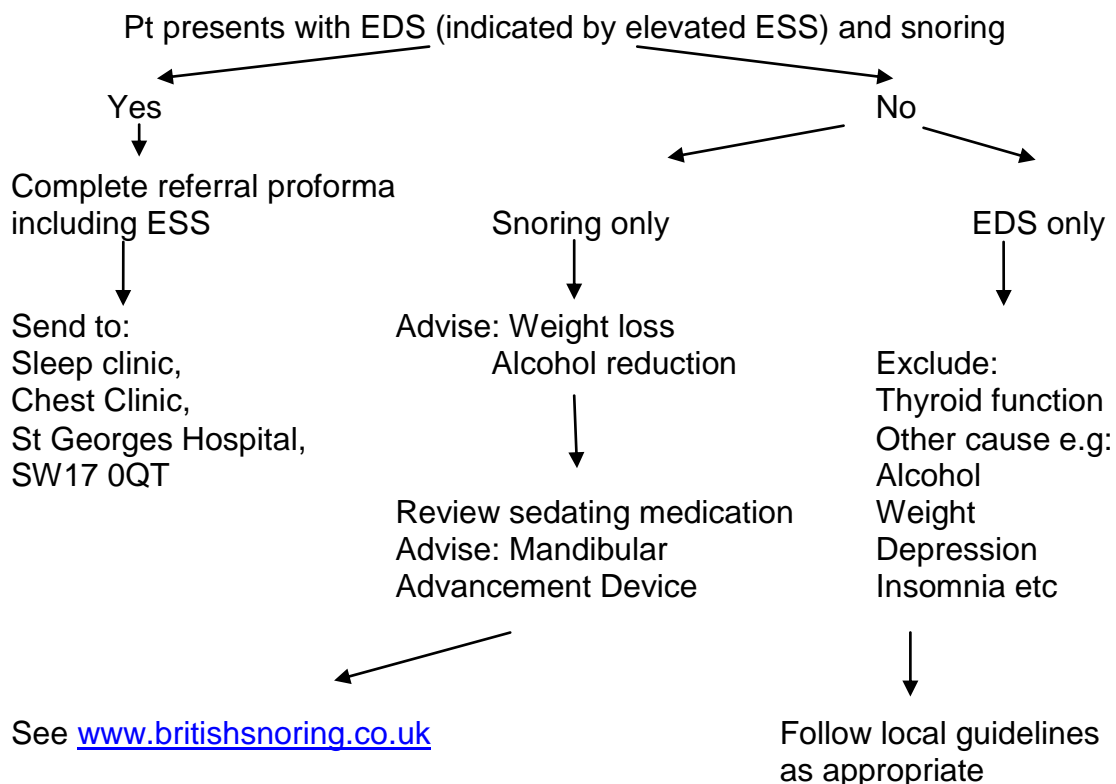
Urgent referrals should occur if the patient has a group 2 driving licence (e.g. PSV or HGV licence) or has had a road traffic accident related to falling asleep.

We will accept referrals for patients with an Epworth Sleepiness Scale (ESS) of 10 or more in conjunction with TWO or more of the following symptoms:

- Excessive daytime somnolence (EDS) not explained by other factors
- Loud snoring
- Witnessed apnoeas
- Nocturnal choking / Gaspings

Somnolence is assessed by completing an ESS, a copy of which is attached to the referral proforma (pages 2 and 3). Please ensure that the patient's score is recorded.

Decision Tree



Referral to Obstructive Sleep Apnoea Service

Patient Name:		
NHS number:		
DoB:	Height (m)	Weight (Kg)
Patient Address:		

Please delete:

Urgent / Routine

Has the patient had a Thyroid Function test done?	Yes	No
Results: TSH _____ T4 _____		
Is there a history of daytime somnolence?	Yes	No
*Epworth Sleepiness Score (ESS): _____/24 (see 2 nd page attached)		

Accepted Referrals:

Patients with an ESS of 10 or more **AND** with TWO or more symptoms

Reported Symptoms for referral for Obstructive Sleep Apnoea/Hypopnoea	Please Tick
Loud snoring	
Witnessed apnoeas	
Nocturnal choking / Gaspings	
Involved in a road traffic accident related to falling asleep	

- Incomplete forms will be returned to the Referring Doctor.
- Epworth Sleepiness score **MUST** be included (see following page)

Please indicate if the patient requires an interpreter Yes No

Language / Dialect _____

GP Name:	
Signature:	
GP Address:	
Phone No:	

THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = no chance of dozing
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g. a theatre or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon when circumstances permit	_____
Sitting and talking to someone	_____
Sitting quietly after a lunch without alcohol	_____
In a car, while stopped for a few minutes in traffic	_____
Total	_____ /24