



MonashHealth

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

Affix Patient Identification Label

Unit Record Number:

Surname:

Given Name:

D.O.B.: Age: Sex:



Melb Child Sleep Centre Referral



Patient Height: _____ Weight: _____

To: Ward 4E Melbourne Children's Sleep Centre, Level 4, Monash Children's Hospital, 246 Clayton Road Clayton 3168

Date: / / Referring Dr: _____

CC to: _____

- OXIMETRY** Oximetry Only
 Oximetry before Sleep Study

SLEEP STUDY

Indications for Study:	Specific Tests / Requirements:	Special Needs:
<input type="checkbox"/> OSAS <input type="checkbox"/> Hypoventilation <input type="checkbox"/> Central Sleep Apnoea <input type="checkbox"/> Periodic Leg Movement <input type="checkbox"/> Seizures – add extra EEG <input type="checkbox"/> Parasomnias <input type="checkbox"/> Sleepiness / Narcolepsy <input type="checkbox"/> Behavioural	<input type="checkbox"/> MSLT <input type="checkbox"/> CPAP Initiation / titration Start Pressure: _____ cmH ₂ O Max Pressure: _____ cmH ₂ O <input type="checkbox"/> Auto-PAP/ CFLEX / CFLEX+ Titration Instructions: _____ _____ Additional Forms for: <input type="checkbox"/> BiLevel / Ventilator <input type="checkbox"/> Suppl O ₂ currently used at home	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> Suctioning <input type="checkbox"/> Gastrostomy / night feeds <input type="checkbox"/> Feeding pump <input type="checkbox"/> Wheelchair <input type="checkbox"/> Hoist <input type="checkbox"/> Apnoea Monitor for sleep study <input type="checkbox"/> Other : _____

Co-existing conditions:

- Asthma Chronic Lung Disease Neuromuscular Disease Craniofacial Abnormality
- Scoliosis Developmental Delay Epilepsy Synd/Other: _____

Clinical Notes: _____

Medications for Sleep Study: None Yes: _____

Body Position: _____

Study Intervention for central events:

If SpO₂ falls to < ____% due to central apnoeas, commence suppl O₂ at ____ L/min after ____ hrs diagnostic study. Aim for SpO₂ > ____%, with maximal suppl O₂ at ____ L/min before contacting on-call doctor

- Is this child co-operative? Yes No
 Cancellation List (parents willing to come at short notice)

Please fax this form to (03) 8572 3878