

# Interpretation of External Overnight Oximetry

## Referral Guidelines

- We will not be able to interpret oximetry without an observation sheet showing the time that the oximetry started and finished, the amount of any oxygen, and as many observations as possible about awake/asleep state, position (prone/supine), feeding, crying, alarm soundings, probe changes etc.
- Outpatient overnight oximetry can help to titrate oxygen therapy, confirm the diagnosis of Obstructive Sleep Apnoea, and suggest appropriate perioperative monitoring for adenotonsillectomy – it is NOT an effective screening tool for OSA
- Please familiarize yourself with how to determine and change the averaging time of your oximeter – we cannot exclude desaturations unless it is set to 2-4 seconds

## Patient Demographics

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Monash UR: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_

## Oximetry

Why was the Oximetry done?  
 \_\_\_\_\_

Brief medical history:  
 \_\_\_\_\_

Date of study: \_\_\_\_\_ Dates of any previous studies sent: \_\_\_\_\_

Check that an observation sheet is included  Is the oxygen flow noted, if used?

What is the brand and model of the oximeter? \_\_\_\_\_

What is the oximeter averaging time? \_\_\_\_\_

Please circle: Hospital Inpatient study / Outpatient study

## Referrer Information

Referring Doctor Name: \_\_\_\_\_ Provider No: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Email: \_\_\_\_\_

Details of Consultant Name & Contact: \_\_\_\_\_

## Opinion – we will reply via email, and scan to Monash SMR

*D/w Resp Cons* \_\_\_\_\_