

Monash Children's Hospital

Referral Guidelines

CHILDREN'S SLEEP CENTRE

EXCLUSIONS

Services not offered by Monash Children's Hospital

- Patients over 18 years of age
- Children with enuresis as the presenting problem except when obstructive sleep apnoea is suspected – refer to [General Paediatrics](#)
- Primary management of mental health disorders – refer to [Mental Health](#) or local Paediatrician
- Suspected seizure disorders during sleep – refer to [Paediatric Neurology](#)
- Brief resolved unexplained events (BRUE) unless a specific sleep disorder is suspected

CONDITIONS

VENTILATORY CONDITIONS

[Snoring and suspected obstructive sleep apnoea](#)

[Apnoea of infancy](#)

[Conditions potentially affecting ventilatory control \(congenital or acquired\) which may require non-invasive ventilation](#)

SLEEPING DIFFICULTIES

[Narcolepsy and disorders of excessive daytime sleepiness](#)

[Circadian rhythm disturbances](#)

[Parasomnias \(sleep walking, night terrors \)](#)

[Difficulties with initiating or maintaining sleep/ insomnia](#)

[Infant settling difficulties](#)

MOVEMENT DISORDERS

[Restless Legs / Periodic limb Movement Disorder](#)

[Rhythmic movement disorder \(head banging etc\)](#)

PRIORITY

All referrals received are triaged by **Monash Children's Hospital clinicians** to determine **urgency of referral.**

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit:

Assoc. Prof Margot Davey

Program Director:

Prof Nick Freezer

Last updated:

28/08/2019



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CHILDREN'S SLEEP CENTRE

REFERRAL

How to refer to
Monash Children's
Hospital

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Reason for referral
Duration of symptoms
Management to date and response to
treatment
Past medical history
Current medications and medication
history if relevant
Relevant psychosocial history



Referral forms are located under the **Referrals** section of the [Children's Sleep Centre webpage](#).

CONTACT US

Medical practitioners

To discuss complex & urgent referrals
contact: On-call paediatric respiratory
consultant via switchboard on 9594 6666

General enquiries and outpatient bookings

Lung and Sleep Department

Tel: Reception 9594 2900
Fax: Reception 9594 6311

Sleep study and Oximetry enquiries and bookings

Melbourne Children's Sleep Centre

Tel: 8572 3593 or 8572 3592
Fax: 8572 3878

Head of unit:

Assoc. Prof Margot Davey

Program Director:

Prof Nick Freezer

Last updated:

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VENTILATORY CONDITIONS

OBSTRUCTIVE SLEEP APNOEA

Initial GP Work Up

- History of sleep patterns
- Assessment of frequency of snoring
- Assessment of associated symptoms (see right)
- High risk groups including children with
 - Obesity
 - Craniofacial abnormalities
 - Neuromuscular disorders
 - Cleft palate
 - Cerebral Palsy
 - Syndromes (e.g. Trisomy 21)
 - Prematurity
 - Laryngomalacia
 - Developmental delay with hypotonia

Management Options for GP

- Management of allergic rhinitis if present (ie intra-nasal steroids)
- [Referral to ENT](#) for consideration of adenotonsillectomy if other indications present such as frequent severe tonsillitis or otitis media.

WHEN TO REFER?

Emergency

Life threatening airway obstruction

Urgent

Infants with symptoms of upper airway obstruction during sleep or significant airway obstruction while awake.

Routine

Any child with snoring/noisy breathing more than 3 nights per week and associated symptoms:

- struggling to breathe while asleep
- pauses in breathing while asleep
- gasping or choking during sleep
- persistent daytime mouth breathing
- daytime tiredness, concentration or behaviour problems not related to other causes
- parental concern about breathing during sleep

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APNOEA OF INFANCY

Initial GP Work Up

Stabilisation of the infant and arrangement of transfer to ED

Management Options for GP

N/A

WHEN TO REFER?

Emergency

An infant with brief resolved unexplained event (BRUE) should be referred to ED

Urgent

Recurrent apnoeas, colour change or difficulties breathing observed by parents

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SLEEPING DIFFICULTIES

EXCESSIVE DAYTIME SLEEPINESS and CIRCADIAN RHYTHM DISORDERS

Initial GP Work Up

- Detailed sleep history
- Assessment of relevant contributory factors such as psychosocial and environmental contributors

Management Options for GP

- Optimise sleep duration
- Exclude iron deficiency, hypothyroidism, coeliac disease or other clinically indicated causes of daytime tiredness.

WHEN TO REFER?

Emergency

Sudden severe daytime sleepiness or reduced level of consciousness.

Urgent

Severe daytime sleepiness despite adequate sleep duration, accompanied by behaviour changes or marked weight gain.

Routine

Sleep patterns interfering with school attendance, academic progress or behaviour.
All other

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PARASOMNIAS – frequent sleep walking or night terrors

Initial GP Work Up

- Detailed sleep history
- Assessment of relevant contributory factors such as psychosocial and environmental contributors
- Family History

Management Options for GP

- Optimise sleep duration
- Education and reassurance for infrequent parasomnias
- Advice about safety in sleep walkers.

WHEN TO REFER?

Urgent

Night-time wakings resulting in injury or exposure to potentially dangerous scenarios

Routine

- Parental concern
- Patient experiencing significant daytime tiredness
- Very frequent episodes resulting in family sleep disruption

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SLEEPING DIFFICULTIES (cont'd)

DISORDERS OF INITIATION AND MAINTENANCE OF SLEEP, INSOMNIA

Initial GP Work Up

- Detailed sleep history
- Assessment of relevant contributory factors such as psychosocial and environmental contributors

Management Options for GP

Optimise sleep duration

WHEN TO REFER?

Routine

- Parental concern
- Inadequate sleep duration affecting child behaviour and learning
- Family functioning affected by sleep loss

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INFANT SETTLING DIFFICULTIES

Initial GP Work Up

- History of infant's sleep patterns
- Assessment of parental mental health and any risk to infant

Management Options for GP

- Advice about regular routines and withdrawal of parent input for sleep onset
- Rule out or treat contributory medical conditions such as eczema or severe gastro-oesophageal reflux
- Refer to a inpatient mother baby centre for sleep assessment and treatment – Monash Children's Hospital DOES NOT provide inpatient services for unsettled infants.

WHEN TO REFER?

Urgent

Parental mental health concerns

Routine

All other infants

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MOVEMENT DISORDERS

RESTLESS LEGS /PERIODIC LIMB MOVEMENT DISORDER and RHYTHMIC MOVEMENT DISORDER (HEAD BANGING ETC)

WHEN TO REFER?

Initial GP Work Up
Detailed sleep history

Management Options for GP
Exclude iron deficiency

Routine
Parental concern

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