

Sleep Disorders Clinic at Western Health:

Western Health provides Specialist Clinics for patients who require assessment and management of sleep disorders. To facilitate the streaming of patients to the most appropriate clinic we would appreciate a named referral to the Head of Unit: Dr Anne Marie Southcott.

Conditions not seen by Sleep Disorders Clinic at Western Health:

- Patients who have purchased their CPAP machine from an external supplier and are experiencing technical problems should return to their supplier for advice.

Access & Referral Priority Sleep Disorders Clinic Specialist Clinic:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT	ROUTINE
Appointment timeframe 30 days.	Appointment timeframe greater than 30 days, depending on clinical need.
<ul style="list-style-type: none">• Episodes of sleepy driving or motor vehicle accidents• Occupational risk - Immediate risk (e.g. Truck driver, Bus driver)	<ul style="list-style-type: none">• All other conditions

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

High risk patients may be referred directly for sleep studies with follow up specialist's review.

Condition:	Key Information Points:	Clinical Investigations:
<p>Sleep Disorders</p>	<ul style="list-style-type: none"> • Clinical history including details of somnolence, snoring, witnessed apnoea, restless sleep, and unrefreshing or disturbed sleep) • Impact of symptoms on work and study • Occupation and details of any commercial license including deadline for license review • Body mass index (BMI) • Level of alcohol intake • Smoking history (cigarettes and all forms of tobacco, nicotine, vaping and cannabis) • Current and complete medication history (including non-prescription medicines, herbs and supplements) • Past medical history and comorbidities. 	<ul style="list-style-type: none"> • Full report of all available sleep investigations (if available) • Full report of any sleep studies undertaken in the past • Details of previous medical management (e.g. mandibular advancement splint, continuous positive airways pressure (CPAP) therapy) and response to treatment(s). • Iron studies, FBE, UEC, TSH • Sleep questionnaires (see note below) <ul style="list-style-type: none"> ○ Sleep questionnaires are not mandated for clinic referral, however inclusion of ESS and STOP-Bang or OSA50 may determine eligibility for direct access sleep study prior to clinic review and assist with triage urgency. Inclusion is strongly encouraged for new assessments. ○ Epworth Sleepiness Score (ESS) (See Appendix 1) ○ STOP-Bang score or OSA50 score (See Appendix 2)

Appendix 1: Epworth Sleepiness Score (ESS)

Below or calculator available online at:

[Epworth Sleepiness Scale | QxMD](#)

Please copy and paste the online questionnaire into referral if used

Epworth sleepiness score	
0 = would <i>never</i> doze or sleep 1 = <i>slight</i> chance of dozing or sleeping 2 = <i>moderate</i> chance of dozing or sleeping 3 = <i>high</i> chance of dozing or sleeping	
Situation	Chance of dozing or sleeping
Sitting and reading	
Watching TV	
Sitting inactive in a public place	
Being a passenger in a motor vehicle for an hour or more	
Lying down in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch (no alcohol)	
Stopped for a few minutes in traffic while driving	
Total score (add the scores up)	

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Appendix 2: STOP-BANG Questionnaire

Below or online at

[STOP-BANG Score for Obstructive Sleep Apnea | QxMD](#)

Please copy and paste the online questionnaire into referral if used

Name:

Age:

Height:

cm

Weight:

kg.

BMI:

Collar size of shirt: (circle)

S

M

L

XL or Neck circumference:

cm

Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes

No

Tired: Do you often feel tired, fatigued, or sleepy during the day?

Yes

No

Observed: Has anyone observed that you stop breathing during your sleep?

Yes

No

Blood pressure: Do you have or are you being treated for high blood pressure?

Yes

No

BMI more than 35 kg/m²?

Yes

No

Age over 50 years?

Yes

No

Neck circumference greater than 40 cm?

Yes

No

Gender, male?

Yes

No

**High risk of obstructive sleep apnea = answering "yes" to 3 or more questions
Low risk of obstructive sleep apnea = answering "yes" to less than 3 question**