Obstructive Sleep	Referral Guide:	Pulmonary
Apnea .	Page 1 of 2	
Diagnosis/Definition:		
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Referrals for evaluation of sleep apnea should be sent to Pulmonary-Obstructive Sleep Apnea (OSA) clinic. Patients with evidence		
of pulmonary HTN are seen in the OSA Clinic. Patients with evidence of PHTN require evaluation in Pulmonary Clinic.		
Initial Diagnosis and Management:		
Ongoing Management and Objectives:		
Polysomnography, which is performed by the National Jewish Hospital, can only be ordered by the Pulmonary Clinic. This is due to		
the high cost of this testing as well as the nuances of interpretation of the results and the decision for appropriate therapy. The three		
most effective therapies for sleep apnea are nCPAP, a dental prothesis and various surgeries including Uvuolpalatopharyngoplasty		
and Maxillomandibular advancement. Pulmonary prescribes nCPAP therapy, Oral surgery provides the dental prothesis and both		
Oral Surgery and ENT provide surgical therapy. The polysomnogram will be ordered by the Pulmonary specialty service. Weight		
loss is also an effective treatment. Patients may be referred to Endocrine Clinic for assistance with this.		
Indications for Specialty Care Referral:		
Test(s) to Prepare for Consult:	Tost/s)	Consultant May Need To Do:
rest(s) to Frepare for Consuit.	rest(s)	Consultant may need to bo.
Eppworth Sleepiness Scale Score	Polyson	nnography
PFT and Abg for polycythemia		
Treatment of depression if needed a		
insomnia prior to referral to the OSA	A CIINIC	

## **Criteria for Return to Primary Care:**

Patients treated with nCPAP require a follow up visit in the Pulmonary Clinic to prescribe the nCPAP and one additional to ensure that the nCPAP is tolerated and that it is effective. Once this is confirmed then the nCPAP device can be purchased and the patient can return for follow-up in primary care. Patients should return to Pulmonary once every year to ensure that the equipment is still in good working condition, that it is still being worn and that it is still effective.

Patients treated with surgery should follow up with their surgeon until post-operative healing is complete and to determine if their sleep apnea symptoms have resolved. After 3-4 months, successful surgical patients can return to primary care.

Patients who are fitted with a dental prothesis should return for follow up in the oral surgery clinic until the patient is regularly able to sleep with the device and the efficacy is confirmed. Once this has been done, the patient can return to primary care.

Revision History: Created Revised

**Disclaimer:** Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.