**REFERRAL FOR OBSTRUCTIVE SLEEP APNOEA SYNDROME / SLEEP STUDY**

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| **Referrals should be sent via the e-Referrals System (e-RS) – attach this document**  |
| **Dr Mark B Jackson** **Dr Paddy Dennison** | **Contacted via** adultsleepreferrals@uhs.nhs.uk |

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| For **advice ONLY** (general / prior to referral) contact  | adultsleepreferrals@uhs.nhs.uk |

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| **Patient details** |  | **Registered GP** |
| Title: | DOB: | Name: |
| Full name: | NHS number: | Referring GP: |
| Address: | Hospital number: | Date of referral: |
| Telephone number (imperative)Home / Work:Mobile: | Occupation:  | Practice address: |
|  | Requires interpreter? **Y N** | Telephone number: |
|  | Language is:  | Email: |
|  |
| **Do you consider this referral to be urgent (see notes on page 2)?** **Y / N**  |

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| **HISTORY AND CLINICAL FINDINGS** |
| **Date of onset:**  |
|  | **Never** | **Rarely** | **Sometimes** | **Often** |
| Is there a history of snoring? |  |  |  |  |
| Are there are episodes of stopping breathing at night? |  |  |  |  |
| Are there choking episodes at night?  |  |  |  |  |
| Any episodes of falling asleep (or nearly) whilst driving?  |  |  |  |  |
| * Is there a history of any of the following illnesses; diabetes, difficult hypertension, requirement for pacemaker, stroke/TIA, ischaemic heart disease?
* Smoker?
* Alcohol intake?
* Neck circumference?
* BMI?

Epworth score *(page 3):* |
| **Previous treatment for this condition (including conservative therapy):**See ‘Referral Guidance OSA’  |
| **Driving / Occupational:** |
|  | **Yes** | **No** |
| Is driving vital, i.e. used for work?  |  |  |
| Does any driving involve public service vehicles or heavy goods vehicles?  |  |  |
| Signed off work or struggling (fit note) because of this condition?  |  |  |
| **CURRENT MEDICATION AND PAST DRUG HISTORY:** (please attach if preferred)(Current or previous anticoagulants, steroids can affect treatment choices) |

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| **Routine** **REFERRAL****NOTES** | * Refer when symptoms interfere sufficiently with quality of life, **by standard referral letter + completed patient questionnaire.**
* Usually:- excessive sleepiness, affecting work, social activities, and driving
* Excessive sleepiness can be subjectively and qualitatively assessed using the Epworth Sleepiness score, >10/24 considered significant
* Patients with OSA undergoing anaesthesia may be at risk if unrecognised and untreated. Referral for pre-op assessment may be appropriate, especially for bariatric surgery
* Please document whether the patient is a driver, socially or professionally, also if standard or HGV license. Please document if you have given the patient driving advice, (and you may wish to refer to BTS/DVLA statement in this area – see ‘Referral Guidance OSA’)
* Patients who are clinically obese should be offered referral for weight management support through local services such as ‘Southampton Healthy Living’ and ‘Weight Watchers’.
* Patients who smoke should be offered referral for smoking cessation advice and support through ‘Southampton Health Living’ and ‘Quit4Life’.
* **Please note, because of the high demand on our service, we do need to ensure that we appoint only patients that will benefit from our assessment. The referral may be returned if the necessary Epworth Score is not supplied.**

**Patients who should NOT be referred include:**Simple snoring, i.e. without symptoms to suggest OSAS. These patients should also not be referred to ENT, unless there is a primary nasal disorder during the day which has not responded to primary care interventions i.e. the CCG will not fund ENT surgical interventions for simple snoring. It is most appropriate to give life style advice (see section on MAD in ‘Referral Guidance OSA’ if this fails) |
| **Urgent 2 week** | * Rarely appropriate
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| **Urgent** | * For individuals where maintenance of vigilance is of occupational or public health importance, particularly those who drive for a living (HGV, PSV and Hackney Carriage licence holders) or in whom there has been suspicion of a driving accident related to sleepiness. We will aim to prioritise these requests.
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**EPWORTH SLEEPINESS SCALE**

How likely is the patient to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired?

Even if they haven't done some of these things recently try to get the patient to work out how it would have affected them.

Use the following scale to choose the most appropriate number for each situation:-

 **0 = would never doze 2 = Moderate chance of dozing**

 **1 = Slight chance of dozing 3 = High chance of dozing**

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| **Situation** | **Chance of dozing** |
| Sitting and reading |  |
| Watching TV |  |
| Sitting, inactive in a public place (e.g. a theatre or a meeting) |  |
| As a passenger in a car for an hour without a break |  |
| Lying down to rest in the afternoon when circumstances permit |  |
| Sitting and talking to someone |  |
| Sitting quietly after a lunch without alcohol |  |
| In a car, while stopped for a few minutes in the traffic |  |
| **Total**  |  |

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