

# **Austin Health** **Request for Sleep Studies**

**Sleep Laboratory** Austin Health, Studley Rd, Heidelberg, Vic, 3084  
**Bookings:** Phone (03) 9496 3688 Fax (03) 9496 5473

Affix Patient Label Here

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 UR: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

**Patient Details:** Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Post Code: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**Referral Details:** Referring Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Post Code: \_\_\_\_\_ Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referral Duration: \_\_\_\_\_

**Billing:** Full Fee ☐ DVA ☐ Bulk Bill ☐ HCC/Pension No.: \_\_\_\_\_

## Study Details:

Diagnostic ☐  
 Implement ☐  
 Treatment Review ☐  
 Split Diag/Imp (see over) ☐

## Treatment Mode:

CPAP ☐  
 MAS ☐  
 Oxygen ☐ (see over)  
 NIPPV ☐ (see over)  
 Invasive ☐

## Special Monitoring:

PtcCO<sub>2</sub> ☐  
 Rectal Temperature ☐  
 Oesophageal Pressure ☐  
 Diaphragmatic EMG ☐  
 MSLT ☐  
 MWT ☐  
 Full EEG ☐

## Location:

In Lab ☐  
 Home ☐  
 Either ☐

Study Required By: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Report Destination:** \_\_\_\_\_

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Urine Drug Screen Ordered on Cerner

Study Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Patient Requirements

1. Does the patient require:
 

|  |                          |  |
|--|--------------------------|--|
|  | Yes                      | No   |
| a) Nursing care during the study?  | <input type="checkbox"/> | <input type="checkbox"/>                       |
| b) Supplemental O2 during the study?   | <input type="checkbox"/> | <input type="checkbox"/> (If yes, see reverse) |
| c) Mobility assistance?  | <input type="checkbox"/> | <input type="checkbox"/>                       |
| If yes: <input type="checkbox"/> Hoist <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stand Transfer <input type="checkbox"/> Turns required (frequency _____) |                          |  |
| <input type="checkbox"/> Other _____   |                          |  |
| d) An interpreter to be booked?  | <input type="checkbox"/> | <input type="checkbox"/> (language: _____)     |

## Other Patient Information

2. Is this a VRSS sleep study?
 

|                          |  |
|--------------------------|--|
| Yes                      | No   |
| <input type="checkbox"/> | <input type="checkbox"/> (leave if not sure) |
3. Is patient ventilator dependant?
 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
4. Patient's estimated weight \_\_\_\_\_ kg
5. Existing diseases?
 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____              |                          |

## Reason for test / relevant history / special instructions:

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**CPAP Implement Studies:** Patient to be reviewed by Dr prior to CPAP purchase / hire? Yes ☐ No ☐ \_\_\_\_\_

Requested by : \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Office use only: ☐ Direct to PSG Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

## Bilevel Ventilation

Ventilator model \_\_\_\_\_

- Current settings: Mode \_\_\_\_\_, IPAP \_\_\_\_\_ cmH<sub>2</sub>O, EPAP \_\_\_\_\_ cmH<sub>2</sub>O, Rate \_\_\_\_\_ /min, Ti min \_\_\_\_\_ s, Ti max \_\_\_\_\_ s, Rise time \_\_\_\_\_ s.
- Current mask \_\_\_\_\_, Chin strap Y / N
- Should changes be made to settings overnight? Y / N (default is yes), but no faster than every \_\_\_\_\_ (default is 20) mins.
- Commence study: Mode \_\_\_\_\_ IPAP, \_\_\_\_\_ cmH<sub>2</sub>O, EPAP \_\_\_\_\_ cmH<sub>2</sub>O, Rate \_\_\_\_\_ /min (default is current settings).
- Is EPAP to be increased to treat obstructive events? Y / N (default is yes)
  - ♦ If yes: Increase both EPAP and IPAP in \_\_\_\_\_ (default is 2) cmH<sub>2</sub>O increments
- Increase IPAP in \_\_\_\_\_ (default is 2) cmH<sub>2</sub>O increments if the baseline PtcCO<sub>2</sub> increases by more than \_\_\_\_\_ (default is 10) mmHg above \_\_\_\_\_ baseline (default is awake, supine, off treatment).
- Should changes to Timin/max or Trigger/Cycle be considered? Y/N (default is yes) If yes, see procedure: 'B-5-3 Sleep Studies- In Laboratory- NIV Treatment', located on H:\General\Units\Sleep Lab\Document Control\B. Laboratory Procedures\B-5 Sleep Studies- In Laboratory
- Decrease IPAP in \_\_\_\_\_ (default is 2) cmH<sub>2</sub>O increments if [1] the baseline PtcCO<sub>2</sub> decreases by more than \_\_\_\_\_ (default is 30) mmHg below \_\_\_\_\_ baseline (default is awake, supine, off treatment), OR [2] if ptcCO<sub>2</sub> is below \_\_\_\_\_ (default is 30) mmHg. *Contact Respiratory Registrar via switchboard if any concerns or questions - see also doc B-1.*
- Other remarks:

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DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

## Other Ventilation Ventilator model \_\_\_\_\_

- Current settings: Mode \_\_\_\_\_, TV/PS \_\_\_\_\_ mls/cm h2o, Rate \_\_\_\_\_ /min, PEEP \_\_\_\_\_ cmh2o, Inspir Time \_\_\_\_\_ s.
- Current mask \_\_\_\_\_, Chin strap Y/N
- Should changes be made to settings overnight? Y/N (default is yes), but no faster than every \_\_\_\_\_ (default is 20) mins.
- Commence study on Mode \_\_\_\_\_, TV/PS \_\_\_\_\_ mls/cmh2o, Rate \_\_\_\_\_ l/min, PEEP \_\_\_\_\_ cmh2o, Inspir Tme \_\_\_\_\_ s.
- Increase TV/PS (circle as appropriate ) by \_\_\_\_\_ ( define amount) if the baseline PtcCO<sub>2</sub> increases by more than \_\_\_\_\_ (default is 10) mmHg above \_\_\_\_\_ baseline (default is awake, supine, off treatment).
- Decrease TV/PS (circle as appropriate ) by \_\_\_\_\_ ( define amount) if the baseline PtcCO<sub>2</sub> decreases by more than \_\_\_\_\_ (default is 30) mmHg below \_\_\_\_\_ baseline (default is awake, supine, off treatment), or [2] if ptcCO<sub>2</sub> is below \_\_\_\_\_ (default is 30) mmHg. *Contact Respiratory Registrar via switch if any concerns or questions - see also doc B-1.*
- Other remarks (eg. interface):

## Oxygen Supplementation Instructions (NB see also doc B-5-5)

- Is oxygen to remain constant during study? Yes: Flow \_\_\_\_\_ L/min / No (default is no) (if no, continue)
- Delivery point: \_\_\_\_\_ (default for pressure studies is the pump end of tubing)
- Start study on \_\_\_\_\_ L/min of O<sub>2</sub> (default is R/A). Titrate O<sub>2</sub> in \_\_\_\_\_ (default is 0.5) L/min increments to maintain SpO<sub>2</sub> above \_\_\_\_\_ (default is 88)%, but no faster than \_\_\_\_\_ (default is 0.5) L/min per 10 mins.
- Maximum CO<sub>2</sub> rise with oxygen addition is \_\_\_\_\_ (default is 10) mmHg compared with the awake baseline PtcCO<sub>2</sub> level.
- Can titration commence prior to the optimal ventilator settings being reached? Y / N (default is No)
- Maximum O<sub>2</sub> flow to be delivered during the study is \_\_\_\_\_ (default is 5) L/min.
- Other remarks:

## Split Diagnostic / Implement Study

- Commence treatment only if: \_\_\_\_\_ (default for CPAP is AHI > 11/hr, default for oxygen is SpO<sub>2</sub> less than 88%, default for ventilation is TcCO<sub>2</sub> increases by > 10mmHg above baseline)
- If criteria in question 1 are met should REM be sampled prior to commencement of treatment? Y/N (default is Yes).
- If criteria in question 1 are met and no REM is sampled treatment should commence \_\_\_\_\_ (default is 3) hours after commencement of study.