

## **OBSTRUCTIVE SLEEP APNOEA Referral Guidelines**

## Department of Health clinical urgency categories for Specialist Clinics

**Urgent:** Referrals should be categorised as urgent if 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. These patients should be seen **within 30 days** of referral receipt. For emergency cases please send the patient to the Emergency Department.

Semi Urgent: Referrals should be categorised as semi urgent if the patient has a condition that has the potential to deteriorate within 30-90 days.

**Routine:** Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

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

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Suspected Obstructive Sleep Apnoea (OSA)	When to refer: Symptoms suggestive of OSA	To be included in referral:  Clinical history  Updated medication list  Patient's weight – if overweight, patient needs concurrent advice about weight loss  Epworth sleepiness score  In some instances, your patient might be offered a sleep study before a review with the sleep physician. Please inform your patient of this possibility.	Urgent:  If patient is drowsy whilst driving  If patient holds a commercial license  If ESS is >15/24  Routine:  All others	<ul> <li>Establishing the diagnosis</li> <li>Establishing a treatment and discharge plan back to referrer</li> </ul>	1-4



Freated OSA who	When to refer:	To be included in referral:	Urgent:			
levelop new issues	Increasing unrefreshing sleep despite compliant with treatments for OSA	Clinical history  Updated medication list  Patient's weight – if overweight, patient needs concurrent advice about weight loss  Epworth sleepiness score	If patient is drowsy whilst driving  If patient holds a commercial license  If ESS is >15/24  Routine: All others	•	Optimise treatment of OSA and discharge plan back to referrer	1-3