Austin HEALTH

VRSS Sleep Study Request
PSG Location: Ward 5W

Sleep Laboratory, Austin Hospital
Level 5, Harold Stokes Building
Studley Rd, Heidelberg VIC 3084

Phone: (03) 9496 3688
Fax: (03) 9496 5124

Referral Details

Referring Doctor: _____   Provider No. _____

Street Address: _____

_____   Postcode: _____

Referral Date: ___ /___ /_____   Referral Duration: _____

Report Destination _____   Review Date: ___ /___ /_____

General Info
Is this a VRSS sleep study?   ☐ Yes ☐ No ➜ *If **NO**, use general Sleep Study Request form (Doc E-20a)*

Clinical Requests

Existing VRSS patient - VRSS Outreach / Allied Health review on day of PSG?   ☐ Yes ☐ No
Clinical need for patient to have medical review the day after PSG?   ☐ Yes ☐ No ➜ *If **YES**, provide info to assist triage*

Availability limited: Preference given to country & complex patients – please consider review via VRSS Clinic for others

Patients new to VRSS

New VRSS patient - VRSS Outreach / Allied Health review on day of PSG?   ☐ Yes ☐ No ➜ *If **YES*** ⎫ *also complete VRSS*
New VRSS patient - Possible NIPPV implement the day after PSG?   ☐ Yes ☐ No ➜ *If **YES*** ⎭ *'Request for Action' form*

Study Details:
☐ Diagnostic
☐ Implement
☐ Treatment Review
☐ Split Study *(see over)*

Treatment Mode:
☐ CPAP
☐ Oxygen *(see over)*
☐ NIPPV *(see over)*
☐ Invasive
☐ Other: _____

Additional Monitoring:
☐ PtcCO2
☐ Diaphragmatic EMG
☐ Arm EMG
☐ Full EEG
☐ MWT / MSLT *(please circle)*

Patient Requirements

Interpreter to be booked?   ☐ Yes   ☐ No   Language: _____
Patient is ventilator dependent?   ☐ Yes   ☐ No
Supplemental O$_2$ during study?   ☐ Yes *(see over)*   ☐ No
Nursing care during the study?   ☐ Yes   ☐ No
Mobility assistance?   ☐ Yes   ☐ No
➜ ☐ Hoist   ☐ Walking Aid
☐ Wheelchair   ☐ Stand Transfer
May require bariatric equipment?   ☐ Yes   ☐ No
Carer to stay overnight?   ☐ Yes   ☐ No
Dietary requirements?   ☐ Yes   ☐ No   Specify: _____

Approx weight: _____ kg
Existing Diseases
Heart Disease   ☐ Yes ☐ No
Epilepsy   ☐ Yes ☐ No
Diabetes   ☐ Yes ☐ No
Other: _____

Reason for test / relevant history / special instructions:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signed: _____
Print Name: _____
Date: _____ /_____ /_____

Office Use: Study Date: _____
☐ Staying for review in am - for urgent S+S
Checked by: _____   Date: _____

![Austin HEALTH logo]

☐ **Ventilation settings unknown**: *VRSS input requested to complete details*

Bi-level Ventilation   Ventilator model: _____

1. Current settings: Mode: _____   IPAP: _____ cmH_2O EPAP: _____ cmH_2O

   Rate: _____ / min   Ti Min: _____ sec   Ti Max: _____ sec

   Rise time: _____ sec   Trigger: _____   Cycle: _____

2. Current mask: _____   Chinstrap: **Y / N**

3. Changes to be made overnight?   **Y / N** *(default is YES)*   but no faster than every _____ *(default is 20)* mins.

4. Commence study: Mode: _____   IPAP: _____ cmH_2O Rate: _____ sec

   (default is current settings)   EPAP: _____ cmH_2O

5. Is EPAP to be increased to treat obstructive events?   **Y / N** *(default is YES)*

   * If **YES**: Increase both EPAP & IPAP in _____ *(default is 2)* cmH_2O increments.

6. Increase IPAP in _____ *(default is 2)* cmH_2O increments if the baseline $PtcCO_2$ increases by more than _____ *(default is 10)* mmHg

   above _____ baseline *(default is awake/supine/off treatment)*.

7. Should changes to Ti Min/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

8. Decrease IPAP in _____ *(default is 2)* cmH_2O increments if:

   [1] if baseline $PtcCO_2$ decreases more than _____ *(default Is 10)* mmHg below _____ baseline *(default is awake/supine/off treatment)*

   [2] if $PtcCO_2$ is below _____ *(default is 30)* mmHg.

9. Other remarks: _____

Sleep Scientist: Contact Respiratory Registrar via switchboard if any concerns or questions – see also Document B-1

Other Ventilation   Ventilator model: _____

1. Current settings: Mode: _____   TV/PS: _____ mls/cm H_2O Rate: _____ / min

   Inspr Time: _____ sec   PEEP: _____ cmH_2O

2. Current mask: _____   Chinstrap: **Y / N**

3. Changes to be made overnight? **Y / N** *(default is YES)*   but no faster than every _____ *(default is 20)* mins.

4. Commence study: Mode: _____   TV/PS: _____ mls/cm H_2O Rate: _____ / min

   (default is current settings)   Inspr Time: _____ sec   PEEP: _____ cmH_2O

5. Increase TV/PS by _____ *(define amount)* if the baseline $PtcCO_2$ increases by more than _____ *(default is 10)* mmHg

   above _____ baseline *(default is awake/supine/off treatment)*.

6. Decrease TV/PS by _____ *(define amount)* if: *(select option 1 or 2)*

   [1] if baseline $PtcCO_2$ decreases more than _____ *(default is 30)* mmHg below ____ baseline *(default is awake/supine/off treatment)*; **OR**

   [2] if $PtcCO_2$ is below _____ *(default is 30)* mmHg.

7. Other remarks (e.g. interface): _____

Oxygen Supplementation   *(NB: See also Doc B-5-5)*

1. Delivery point: _____   *(default for pressure studies is the pump end of tubing)*

2. O_2 to remain constant?   ☐ Yes: flow _____ L/min   ☐ No ➔ *If NO, continue*

3. Commence study: _____ L/min O_2 *(default is R/A)*

   Titrate O_2 in _____ *(default is 0.5)* L/min increments to maintain SpO_2 above _____ *(default is 88)* %,

   but no faster than _____ *(default is 0.5)* L/min per 10 mins.

4. Maximum CO_2 rise with oxygen addition is _____ *(default is 10)* mmHg compared with the awake baseline $PtcCO_2$ level.

5. Can titration commence prior to optimal ventilator settings being reached?:   **Y / N** *(default is NO)*

6. Maximum O2 flow to be delivered during the study is _____ *(default is 5)* L/min.

7. Other remarks (e.g. interface): _____

Split Study

1. Start study on _____ set to _____ *(e.g. R/A, supplementary oxygen - L/min, CPAP - cmH2O, NIPPV - settings as above, etc.)*

2. Then commence _____ treatment **only** if: _____ *(defaults: **CPAP** is AHI> 11/hr, **oxygen** is SpO_2 less than 88%, **ventilation** is $TcCO_2$ increases by > 10mmHg above baseline)*

3. If criteria in Q2 are met, should REM be sampled prior to commencement of treatment?   **Y / N** *(default is YES)*

4. If criteria in Q2 are met & <u>no REM is sampled</u>, treatment to commence _____ *(default is 3)* hours after commencement of study.