



Co-Management Guide

Pediatric Sleep Disorders Program

Pediatric Sleep Disorders

Guidelines Referenced	<p>Non-respiratory indications for polysomnography and related procedures in children: an evidence-based review. www.aasmnet.org/practiceparameters.aspx?cid=100 Executive Summary of Respiratory Indications for Polysomnography in Children: An Evidence-Based Review. www.aasmnet.org/resources/practiceparameters/reviewsummarypolysomnographychild.pdf</p>	
Background	<p>Pediatric sleep disorders are very common, can significantly affect school performance and daytime functioning, and can also contribute to significant familial distress. OSAS can be related to numerous factors such as obesity, adenotonsillar hypertrophy (ATH), tracheomalacia, Down’s syndrome, neuromuscular disorders. There can be an association with speech and language delay as well. Insomnia, narcolepsy, and behavioral sleep problems are common as well.</p>	
Initial Evaluation	<p>During well or sick visits, note should be made of significant upper airway obstruction or ATH, appropriate sleep habits, hypertension, enuresis, and daytime behavior and attention concerns. If worrisome, a more detailed sleep evaluation may be appropriate.</p>	
Initial Management	<p>Children with impressive tonsillar hypertrophy can be referred directly for an overnight PSG. All other patients should be evaluated in the Pediatric Sleep Disorders Program.</p>	
When to Refer	<p>Consider in the following circumstances:</p> <ul style="list-style-type: none"> • Significant ATH and snoring • Daytime sleepiness or insomnia • Obesity • Hypertension • Attention and behavior problems (ADHD) • Frequent nocturnal enuresis (6yo&up) • Complex medical conditions which can affect sleep <ul style="list-style-type: none"> ○ Down’s syndrome (Should have screening study by 4 years of age) ○ Neuromuscular disorders ○ Craniofacial abnormalities ○ Psychotropic medications which can affect sleep • Positive family history of OSAS or narcolepsy or insomnia • Parental request 	
Pre-Visit Work Up	<p>No addition work up required.</p>	
Co-management Strategy (as appropriate)	<p>Specialist scope of care Sleep medicine treatment and follow-up as necessary</p>	<p>Primary care scope of care Monitoring signs and symptoms at well child checks Communicating with Sleep Program as needed</p>
Return to Primary Care Endpoint	<p>Satisfactory resolution of OSAS or other sleep disorders. IF ongoing treatment with CPAP or medications is necessary, follow up will continue with sleep specialist.</p>	