

# Sleep Study Referral Tool

## Using the Tool:

- 1) Select the first indication/symptom from drop down menu
- 2) Continue selecting appropriate indications/symptoms from drop down menus until reaching final recommendation.
- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.

First Indication

Click to make first selection



Second Indication



Third Indication



Fourth Indication



Fifth Indication



HEALTH ANALYSIS

CLOSE

# Sleep Study Referral Tool

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First Indication



Second Indication

Snoring  
Hypersomnia/Fatigue  
Witnessed Gasping as Night



Third Indication



Fourth Indication



Fifth Indication



HEALTH ANALYSIS

CLOSE

# Sleep Study Referral Tool

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First Indication

Snoring



Second Indication



Third Indication



Fourth Indication



Fifth Indication



HEALTH ANALYSIS

CLOSE

# Sleep Study Referral Tool

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First Indication	Snoring	▼
Second Indication		▼
Third Indication	Mild/Single Complaint Loud, Continuous for > 3 months	▼
Fourth Indication		▼
Fifth Indication		▼



HEALTH ANALYSIS

CLOSE

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First Indication	Snoring								
Second Indication	Mild/Single Comp								
Third Indication									
Fourth Indication									
Fifth Indication									

**No referral necessary**  
Provide conservative measures.

**Conservative Measures:**  
Avoid ETOH at night  
Consider lateral positional sleeping  
Consider OTC\* sleep wedge pillow  
Consider Flonase for nasal congestion – treat allergic rhinitis  
Consider OTC\* extra strength nasal strips  
Smoking Cessation

**END**

OTC\* = over the counter  
Patient will need to purchase item. Item is not a Tricare benefit



HEALTH ANALYSIS

**CLOSE**

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First Indication

**Snoring**



Second Indication

**Loud, Continuous for > 3 months**



Third Indication



Fourth Indication



Fifth Indication



**HEALTH ANALYSIS**

**CLOSE**

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First Indication

**Snoring**

Second Indication

**Loud, Continuous for > 3 months**

Third Indication

Fourth Indication

ESS > 15 OR STOP-BANG > 5?  
Determine BMI. Is BMI > 25?  
Determine BMI. Is BMI < 25?

Fifth Indication



**HEALTH ANALYSIS**

**CLOSE**

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First Indication	Snoring	▼
Second Indication	Loud, Continuous for > 3 months	▼
Third Indication	ESS > 15 OR STOPP	▼
Fourth Indication		▼
Fifth Indication		▼

**Sleep Medicine Referral**

**END**



HEALTH ANALYSIS

**CLOSE**

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First Indication	Snoring	
Second Indication	Loud, Continuous	
Third Indication	Determine BMI. Is	
Fourth Indication		
Fifth Indication		

## Weight loss recommended

> 10% OR until BMI is < 25  
Provide conservative measures.

### Conservative Measures:

Avoid ETOH at night  
Consider lateral positional sleeping  
Consider OTC\* sleep wedge pillow  
Consider Flonase for nasal congestion – treat allergic rhinitis  
Consider OTC\* extra strength nasal strips  
Smoking Cessation

**END**

OTC\* = over the counter  
Patient will need to purchase item. Item is not a Tricare benefit



HEALTH ANALYSIS

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First Indication

**Snoring**



Second Indication

**Loud, Continuous for > 3 months**



Third Indication

**Determine BMI. Is BMI < 25?**



Fourth Indication



Fifth Indication



**HEALTH ANALYSIS**

**CLOSE**

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- 3) When you reach an "End" screen, click the close button in the bottom right corner to exit the tool.

First Indication

**Snoring**

Second Indication

**Loud, Continuous for > 3 months**

Third Indication

**Determine BMI. Is BMI < 25?**

Fourth Indication

Fifth Indication

**Provide Conservative Measures.**



**HEALTH ANALYSIS**

**CLOSE**

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First Indication	Snoring	
Second Indication	Loud, Continuous	
Third Indication	Determine BMI.	
Fourth Indication	Provide Conserv	
Fifth Indication		

**Conservative Measures:**  
Avoid ETOH at night  
Consider lateral positional sleeping  
Consider OTC\* sleep wedge pillow  
Consider Flonase for nasal congestion – treat allergic rhinitis  
Consider OTC\* extra strength nasal strips  
Smoking Cessation

**END**

OTC\* = over the counter  
Patient will need to purchase item. Item is not a Tricare benefit



HEALTH ANALYSIS

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First Indication

Hypersomnia/Fatigue



Second Indication



Third Indication



Fourth Indication



Fifth Indication



HEALTH ANALYSIS

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First Indication	Hypersomnia/Fatigue	▼
Second Indication		▼
Third Indication	Obtain ESS Score.	▼
Fourth Indication		▼
Fifth Indication		▼



HEALTH ANALYSIS

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First Indication

Hypersomnia/Fatigue



Second Indication

Obtain ESS Score.



Third Indication



Fourth Indication



Fifth Indication



HEALTH ANALYSIS

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First Indication

Hypersomnia/Fatigue



Second Indication

Obtain ESS Score.



Third Indication



Fourth Indication

Is ESS > 15 with sleep time > or = 7 Hours?  
Is ESS > 15 with sleep time < 7 Hours?  
Is ESS < 15 with sleep time < 7 Hours?



Fifth Indication



HEALTH ANALYSIS

CLOSE

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First Indication	Hypersomnia/Fatigue	▼
Second Indication	Obtain ESS Score.	▼
Third Indication	Is ESS > 15 with sleep	▼
Fourth Indication		▼
Fifth Indication		▼

**Sleep Medicine Referral**  
for Hypersomnia Evaluation

**END**



HEALTH ANALYSIS

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First Indication	Hypersomnia/Fatigue	▼
Second Indication	Obtain ESS Score.	▼
Third Indication	Is ESS > 15 with sleep	▼
Fourth Indication		▼
Fifth Indication		▼

**Assess for adequate sleep**  
And educate on sleep habits

**NEXT**



HEALTH ANALYSIS

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First Indication	Hypersomnia/Fatigue	▼
Second Indication	Obtain ESS Score.	▼
Third Indication	Is ESS > 15 with sl	▼
Fourth Indication		▼
Fifth Indication		▼

**Better Sleep Habits:**  
If total sleep time < 7 hours then increase by 1 hour.  
Review all medications.  
Screen for depression.  
Obtain Sleep Diary.  
Provide tips on minimizing sleepiness (shift work).  
Consider screening labs.

**NEXT**



HEALTH ANALYSIS

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First Indication	Hypersomnia/Fatigue	▼
Second Indication	Obtain ESS Score.	▼
Third Indication	Is ESS > 15 with sl	▼
Fourth Indication		▼
Fifth Indication		▼

**Screening Labs:**  
Thyroid Function Tests (TFTs)  
Complete Blood Count (CBC) test  
Basic Metabolic Panel (BMP) lab  
Ferritin levels

**END**



HEALTH ANALYSIS

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First Indication	Hypersomnia/Fatigue	▼
Second Indication	Obtain ESS Score.	▼
Third Indication	Is ESS < 15 and sle	▼
Fourth Indication		▼
Fifth Indication		▼

**Assess for adequate sleep**  
And educate on sleep habits

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HEALTH ANALYSIS

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Second Indication	Obtain ESS Score.	▼
Third Indication	Is ESS < 15 and sleep	▼
Fourth Indication		▼
Fifth Indication		▼

**Better Sleep Habits:**  
If total sleep time < 7 hours then increase by 1 hour.  
Review all medications.  
Screen for depression.  
Obtain Sleep Diary.  
Provide tips on minimizing sleepiness (shift work).  
Consider screening labs.

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HEALTH ANALYSIS

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Second Indication	Obtain ESS Score.	▼
Third Indication	Is ESS > 15 with sl	▼
Fourth Indication		▼
Fifth Indication		▼

**Screening Labs:**  
Thyroid Function Tests (TFTs)  
Complete Blood Count (CBC) test  
Basic Metabolic Panel (BMP) lab  
Ferritin levels

**END**



HEALTH ANALYSIS

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First Indication	Witnessed Apnea Gasping at Night	▼
Second Indication	<b>Use Differential Diagnosis of Nocturnal Respiratory Symptoms</b> <b>NEXT</b>	▼
Third Indication		▼
Fourth Indication		▼
Fifth Indication		▼
		▼



HEALTH ANALYSIS

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First Indication

Witnessed Apnea Gaspings at Night



Second Indication



Third Indication



Fourth Indication



Fifth Indication



HEALTH ANALYSIS

CLOSE

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First Indication

Witnessed Apnea Gasping at Night



Second Indication



Third Indication

Evaluate for possible underlying Cardiac or Pulmonary conditions.



Fourth Indication



Fifth Indication



HEALTH ANALYSIS

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First Indication

**Witnessed Apnea Gasping at Night**



Second Indication

**Evaluate for possible underlying Cardiac or Pulmonary conditions.**



Third Indication



Fourth Indication



Fifth Indication



**HEALTH ANALYSIS**

**CLOSE**

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First Indication

**Witnessed Apnea Gasping at Night**



Second Indication

**Evaluate for possible underlying Cardiac or Pulmonary conditions.**



Third Indication



Fourth Indication

**If positive/suspicion consider referral to Cardiology or Pulmonary.  
If negative/unlikely administer STOP-BANG Questionnaire.**



Fifth Indication



**HEALTH ANALYSIS**

**CLOSE**

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First Indication	Witnessed Apnea Gaspings at Night	▼
Second Indication	Evaluate for possible underlying Cardiac or Pulmonary conditions.	▼
Third Indication	If positive/suspicious for <b>Sleep Medicine Referral</b> Cardiac or Pulmonary.	▼
Fourth Indication		▼
Fifth Indication		▼

**END**



HEALTH ANALYSIS

**CLOSE**

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First Indication

**Witnessed Apnea Gasping at Night**



Second Indication

**Evaluate for possible underlying Cardiac or Pulmonary conditions.**



Third Indication

**If negative/unlikely administer STOP-BANG Questionnaire.**



Fourth Indication



Fifth Indication



**HEALTH ANALYSIS**

**CLOSE**

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First Indication

**Witnessed Apnea Gasping at Night**



Second Indication

**Evaluate for possible underlying Cardiac or Pulmonary conditions.**



Third Indication

**If negative/unlikely administer STOP-BANG Questionnaire.**



Fourth Indication



Fifth Indication

**STOP-BANG Results: 3 or More**  
**STOP-BANG Results: Less than 3**



**HEALTH ANALYSIS**

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First Indication	Witnessed Apnea Gasping at Night	▼
Second Indication	Evaluate for possible underlying Cardiac or Pulmonary conditions.	▼
Third Indication	If negative/unlikely <b>Sleep Medicine Referral</b> Questionnaire.	▼
Fourth Indication	STOP-BANG Results: 3 or More	▼
Fifth Indication		▼

END



HEALTH ANALYSIS

CLOSE

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First Indication	Witnessed Apnea	> 10% OR until BMI is < 25 Provide conservative measures.	
Second Indication	Evaluate for possible	<b>Conservative Measures:</b> Avoid ETOH at night	...y conditions.
Third Indication	If negative/unlike	Consider lateral positional sleeping	...naire.
Fourth Indication	STOP-BANG Res	Consider OTC* sleep wedge pillow	
Fifth Indication		Consider Flonase for nasal congestion – treat allergic rhinitis	
		Consider OTC* extra strength nasal strips	
		Smoking Cessation	

**Weight loss recommended**  
> 10% OR until BMI is < 25  
Provide conservative measures.

**Conservative Measures:**  
Avoid ETOH at night  
Consider lateral positional sleeping  
Consider OTC\* sleep wedge pillow  
Consider Flonase for nasal congestion – treat allergic rhinitis  
Consider OTC\* extra strength nasal strips  
Smoking Cessation

**END**

OTC\* = over the counter  
Patient will need to purchase item. Item is not a Tricare benefit



**CLOSE**

Close window to exit Sleep Study Referral Tool