Obstructive Sleep Apnea (OSA)
Sleep Study Referral Guidelines

Naval Medical Center Portsmouth
(Building 3, 5th Floor)
620 John Paul Jones Circle
Portsmouth, VA 23708-2197

Email: NMCPSleepDocQuery@med.navy.mil
Phone: 757-953-7781

Hours of Operation:
Sleep Clinic  M-F       0800-1600
Sleep Lab    M-Sun     1900-0730
Consider ENT referral

Snoring

Mild/Single complaint

- No referral necessary
- Provide conservative measures:
  - Avoid ETOH at night
  - Consider lateral positional sleeping
  - Consider Flonase for nasal congestion – treat allergic rhinitis
  - Consider extra strength nasal strips
  - Smoking cessation

Loud and continuous for >3 months

If BMI >25 then Weight loss >10% OR until BMI <25

- Avoid ETOH at night
- Consider lateral positional sleeping
- Consider Flonase for nasal congestion – treat allergic rhinitis
- Consider extra strength nasal strips
- Smoking cessation

Step 1:

If Epworth Sleepiness Scale Score (ESS) >15 OR STOP-BANG >5

Snoring reduced/eliminated

Refer to Sleep Medicine

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STOP-BANG Screening Tool

Step 2:

If BMI >25 then Weight loss >10% OR until BMI <25

If BMI <25 then Snoring persists

Consider ENT referral

- Avoid ETOH at night
- Consider lateral positional sleeping
- Consider Flonase for nasal congestion – treat allergic rhinitis
- Consider extra strength nasal strips
- Smoking cessation

Snoring persists

STOP-BANG

STOP-BANG >3

STOP-BANG <3
Consider screening labs:
• TFTs, CBC, BMP

ESS > 15
AND
sleep time
> or < 7 hours

Refer to Sleep Medicine for Hypersomnia Eval

ESS < 15
AND
sleep time <7 hours

Assess for adequate sleep

< 8 Hours

Increase by 1 hour

• Review all Medications (Common Medications that cause Hypersomnia)
• Screen for Depression (Beck Depression Inventory)
• Obtain sleep diary
• Educate on sleep hygiene
• Shift worker? (Tips to minimize sleepiness)

Still sleepy or fatigued after increasing sleep and ruling out other conditions

Administer STOP-BANG Screening Tool

STOP-BANG >3

STOP-BANG <3

If BMI >25 then Weight loss >10% OR until BMI <25
• Avoid ETOH at night
• Consider lateral positional sleeping
• Consider Flonase for nasal congestion – treat allergic rhinitis
• Consider extra strength nasal strips
• Smoking cessation

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Witnessed Apnea/Gasping at Night

**Broad Differential Beyond OSA**

Evaluate for possible underlying cardiac or pulmonary conditions

- / unlikely

Administer STOP-BANG Screening Tool

STOP-BANG >3

STOP-BANG <3

If BMI >25 then Weight loss >10% OR until BMI <25

- Avoid ETOH at night
- Consider lateral positional sleeping
- Consider Flonase for nasal congestion – treat allergic rhinitis
- Consider extra strength nasal strips
- Smoking cessation

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+ / suspicion

Consider referral to cardiology or pulmonary

No Sleep Medicine referral required

Refer to Sleep Medicine

No Sleep Medicine referral required
Sleep Study NOT indicated in the initial evaluation of insomnia

**Insomnia Referral Guideline**

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Other Indications for Referral

- PTSD or TBI and sleep disruption
- Refractory HTN
- Refractory Migraine
- Cardiomyopathy
- Atrial Fibrillation
- Pulmonary Hypertension
- Neuromuscular Disease
- Violent or other abnormal behaviors while sleeping

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