



RADY CHILDREN'S HOSPITAL- SAN DIEGO
 CENTER FOR HEALTHY SLEEP
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DTF1490

THErapy SLEEP STUDY REQUISITION FORM
ORDERED ONLY BY PEDIATRIC PULMONARY AND SLEEP PHYSICIANS

Patient's Last Name _____ Patient's First Name _____
 Patient's Date of Birth _____ Age _____
 Parent Guardian Name _____ Phone _____
 Insurance Provider _____

Medical History: _____

Referral (circle) : PSG (sleep study) only/PSG with referral to Sleep Medicine

Reason For study:

- | | | |
|---|--|--|
| <input type="checkbox"/> Daytime Sleepiness | <input type="checkbox"/> Suspected Narcolepsy | <input type="checkbox"/> Other (Enter Comments): _____ |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Periodic Limb Movement Disorder | _____ |
| <input type="checkbox"/> Post-Surgical | <input type="checkbox"/> Nocturnal Seizures | _____ |
| <input type="checkbox"/> Nocturnal Enuresis | <input type="checkbox"/> Parasomnias | _____ |

Priority: Routine/Urgent – (urgent request require written explanations as to why urgent)

Type of Study:

PAP titration (*positive airway pressure*)

Mask Preference (circle): nasal / nasal pillows / full face mask / do not know

CPAP: Starting pressure: _____ Max pressure: _____

BiLevel: Starting pressure: _____ Max Pressure: _____

Bilevel Back up rate: _____ (*type n/a for no rate*)

Split night study (requires referral)

We will start CPAP or Bi-level at and AHI of _____ cmH2O as long as they have 2 hours of sleep prior to 2am.

Oxygen titration (requires referral)

Start study on room air, the lab will add oxygen at _____ LPM if Spo2 drops below _____% for 10 min and titrate up to maintain Spo2 equal to or greater than _____%.

Start on _____ LPM to maintain Spo2 equal to or greater than _____%.

Special consideration:

- | | |
|--|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Frequent Suctioning |
| <input type="checkbox"/> Supplemental Oxygen | <input type="checkbox"/> None |
| <input type="checkbox"/> Crib | <input type="checkbox"/> Other (Enter Comments): _____ |

Most all sleep studies are run as 2 patients to one technician. If your patient has medical, or behavior concerns that require 1 patient to one technician please explain in detail why:

Ordering PHYSICIAN: print: _____

ORDERING PHYSICIAN signature: _____ Date: _____

Contact number for MD in case the lab has questions: _____

Abbreviations: PSG: polysomnogram/sleep study; ETCO2: end tidal carbon dioxide; EEG – electroencephalogram; MSLT: multiple sleep latency test; PAP: positive airway pressure