Cleveland Clinic

Instructions to Refer a Patient for a Sleep Test

Dear Referring Provider,

Thank you for choosing Cleveland Clinic's Sleep Disorder Center as a partner in the care of your patients.

Please **FAX** all of the following items to allow us to process your order:

- **Completed and signed referral form** – located on the last two pages of this form
- **Recent office clinic note**
- **Previous sleep study** (if available) if not performed at a Cleveland Clinic facility
- **Medication list** (either separate or included on the recent office notes)
- **Demographics**
- **Insurance information**

Please note we need all of the items listed above for an order to be classified as complete. Incomplete orders will be returned to the provider with identified missing items and placed on hold until requested materials are received. Please refer to the list above.

Complete orders will be protocoled to determine appropriateness of the test ordered as per laboratory guidelines and various insurance inclusion/exclusion criteria.

We will notify your office once an order is classified as complete and in the process of being scheduled. We will attempt to call your patients up to three times within one week following our receipt of a completed order. Patients can also call our appointment center directly at 216.636.5860 within the same timeframe.

Your patients' test results will be faxed to your office within a week following the completion of the study.

We look forward to collaborating on the care of your patients. If you have any questions or need to speak with a member of our staff, please do not hesitate to contact us at 216.444.2165.

DEFINITIONS

Polysomnography (PSG) is the gold-standard test for evaluation of several sleep disorders include sleep-related breathing disorders, and suspected obstructive sleep apnea (OSA) with co-morbid sleep disorders (circadian rhythm disorders, narcolepsy, parasomnias, periodic limb movements, insomnia) or medical disorders (heart failure, moderate to severe cardiac and pulmonary diseases, neuromuscular disease, morbid obesity).

Home sleep testing (HST) is a confirmatory test for patients 18-65 years of age with high pre-test OSA probability. High pre-test probability requires at least three of the following: snoring, tiredness/daytime sleepiness/fatigue, observed apnea, high blood pressure, BMI >35, age >50, neck girth >40cm, male gender. HST is not recommended for patients with the aforementioned co-morbidities, for evaluation of sleep disorders other than OSA, for patients <18 years of age.

PAP Titration Study applies various types of therapy to the upper airway for treatment of sleep apnea. This study should be ordered after the diagnosis of sleep apnea is confirmed by PSG or HST.

PSG with 18 channels EEG incorporates PSG and video EEG for the evaluation of unexplained behaviors and movements during sleep in which seizures are strongly suspected.

Daytime Testing includes the **Multiple Sleep Latency Test (MSLT)** and **Maintenance Wakefulness Test (MWT)**. MSLT is indicated as part of the evaluation of narcolepsy and idiopathic hypersomnia. MWT is a variation of MSLT that may be used in the assessment of individuals in whom the inability to remain awake constitutes a safety issue, or in patients with narcolepsy or idiopathic hypersomnia to assess response to treatment.

OHIO LOCATIONS AND THEIR APPROPRIATE FAX NUMBERS

Cleveland | Independence | Mayfield Heights | Medina | North Olmsted | Twinsburg | Fax: **216.445.6205**

Canton | Massillon | Fax: **330.489.6039**

Akron | Bath | Fax: **330.665.8215**

Green | Fax: **330.928.4590**

The list below contains alerting, sedating, and REM-suppressing medications on the patient's current medication list. Medications not on the **EPIC medication list** will not be considered. Please note this list is not inclusive to all medications that may impact the sleep study. Please consult sleep medicine if unclear about which medications need to be stopped before the study. Please review the MSLT Relevant Medications List below for any other medications that may impact an MSLT.

EPIC MEDICATION LIST

Drug Class	Drug
Acetylcholine modulators	donepezil, rivastigmine, galantamine, donepezil-memantine
Adenosine modulators	theophylline, theobromine
Alpha-2 delta ligands	gabapentin, pregabalin
Antidepressants, misc.	bupropion, trazodone, nefazodone, mirtazapine
SSRIs	fluoxetine*, fluvoxamine, sertraline, paroxetine, citalopram, escitalopram
SNRIs	venlafaxine, desvenlafaxine, duloxetine, milnacipran, levomilnacipran
Tricyclic antidepressants	amoxapine, clomipramine, desipramine, maprotiline, protriptyline, nortriptyline, amitriptyline, doxepin, imipramine, trimipramine
MAOIs	phenelzine, tranylcypromine, isocarboxazid, moclobemide, selegiline, rasagiline, safinamide
Antihistamine, sedating	dimenhydrinate, diphenhydramine, doxylamine, promethazine, hydroxyzine, chlorpheniramine, dexchlorpheniramine, trimeprazine
Antipsychotic agents	quetiapine, clozapine, olanzapine, ziprasidone, risperidone
Antihypertensives	prazosin, clonidine
Benzodiazepines	alprazolam, oxazepam, temazepam, triazolam, nitrazepam, clorazepate, chlordiazepoxide, diazepam, estazolam, flurazepam*, clonazepam, lorazepam
Dopamine agonists	pramipexole, ropinirole, rotigotine
Melatonin agonists	ramelteon, tasimelteon
Opioid agonists	morphine, hydrocodone, benzhydrocodone, oxycodone, methadone, fentanyl, buprenorphine, tramadol, codeine, dihydrocodeine, as per pharmacy
Orexin/hypocretin antagonists	suvorexant, lemborexant, daridorexant
Oxybates	sodium oxybate, mixed salt oxybate (calcium oxybate, magnesium oxybate, potassium oxybate, and sodium oxybate)
Steroids	prednisone, prednisolone, dexamethasone, methylprednisolone
Stimulants	dextroamphetamine, dextroamphetamine-amphetamine, lisdexamfetamine, methamphetamine, methylphenidate, dexmethylphenidate, serdexmethylphenidate-dexmethylphenidate
Wake-promoting agents	armodafinil, modafinil, solriamfetol, pitolisant
Nonbenzodiazepine receptor agonists	zolpidem, eszopiclone, zaleplon
Barbiturates	phenobarbital, primidone, butalbital
Anti-anxiety	meprobamate
Anti-seizure medications	clobazam
Other	atomoxetine, lithium

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OMD Form

Patient First and Last Name: _____ Date of Birth: _____

BMI: _____ Neck circumference: _____ Gender: _____

Physician Name: _____ Fax Number: _____

Study Requested ☐ HSAT ☐ PSG ☐ Split ☐ Titration ☐ MWT ☐ Double

☐ PSG/MSLT (Please review medication list to determine if consult is needed) Consult needed? ☐ Yes

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Is Patient On Oxygen ☐ Yes ☐ No How many liters?_____

Does Patient Have ☐ CHF ☐ CAD ☐ Arrhythmia ☐ Emphysema ☐ Narcolepsy ☐ OSA ☐ BMI >40

☐ RLS or PLMS ☐ Hypersomnia ☐ RBD ☐ Bruxism ☐ Enuresis ☐ Stroke ☐ Seizures

☐ Shift Work ☐ Insomnia ☐ COPD ☐ Snoring ☐ High blood pressure ☐ Observed apnea

☐ Neurological Disorder ☐ Interstitial Lung Disease ☐ Cognitive Deficit ☐ Tiredness/fatigue

OSA

Does Patient Have a History of OSA? ☐ Yes ☐ No Previous Study Date: _____

Total AHI: _____ Supine AHI: _____ REM AHI: _____ Nadir: _____

Is Patient Currently On Treatment? ☐ Yes ☐ No

If yes, what modality are they currently on: ☐ CPAP ☐ BiPAP ☐ ASV* ☐ IVAPS* ☐ Inspire* ☐ OAP*

*More information or consult with sleep specialist is needed

>> FORM CONTINUED

MSLT OMD Form

Is the patient a shift worker: ☐ Yes ☐ No

What are the patient's habitual sleep/wake times:

Weekday/work day bedtime: _____ Waketime: _____

Weekend/non-work day bedtime: _____ Waketime: _____

Optimal pre-MSLT PSG bedtime: _____ Waketime: _____

Is there greater than a two hour different in sleep/wake times between weekday/work day and weekend/non-work day? ☐ Yes ☐ No

Has the patient been advised to optimize sleep/sleep ad lib during the one week sleep diary/actigraphy prior to testing? ☐ Yes ☐ No

Current alerting, sedating and REM suppressing medications*: _____

_____

_____

*(*Please refer to the **EPIC MEDICATION LIST** on page 2)*

Current Outpatient Medications with MSLT Impact (Not Exhaustive) _____

_____

_____

Additional Medications is there a taper planned, if no please explain why _____

_____

_____

Is there a taper planned? If no, please explain why _____

_____

_____

Other substances including caffeine, recreational drugs and alcohol used regularly _____

_____

_____

Is there a taper planned? If no, please explain why _____

_____

_____

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