

SLEEP DISORDER REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROLOGY • 92 CAMPUS DRIVE, SUITE B, SCARBOROUGH, ME • (207) 883-1414

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Most sleep disorders are non-urgent. If referring physician deems consult is urgent please contact Dr. Kaminow

SUGGESTED PREVISIT WORKUP

LABS:
sleep studies if applicable, labs to include CBC, CMP, TSH, ferritin

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Parasomnia (sleep walking etc.), restless legs syndrome, daytime sleepiness, sleep paralysis, cataplexy (loss of body tone with retained wakefulness), sleep breathing disorder, sleep wake cycle disorders.

SUGGESTED WORKUP

Send referral information
LABS:
sleep studies if applicable, labs to include CBC, CMP, TSH, ferritin

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Primary complaint of insomnia-typically will not be scheduled
If primarily sleep related breathing disorder will need to be triaged to see if pulmonary referral is more appropriate.

SUGGESTED MANAGEMENT

Send referral information

CLINICAL PEARLS

- Many patients with underlying medical illnesses report insomnia and this can be a common medication side effect as can daytime sleepiness. This should be evaluated prior to sending for neurologic consultation.
- Counseling on sleep hygiene measures is recommended

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.