

SNORING REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. PULMONARY MEDICINE) • 887 CONGRESS ST, SUITE 320, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Any severe yellow box symptoms plus:

Signs of congestive heart failure (e.g. peripheral edema, JVD, hepatomegaly, loud S2) which may require admission

Children with the following disorders with yellow box symptoms should always have a pulmonary evaluation:

Duchennes muscular dystrophy

Myotonic muscular dystrophy

Cerebral palsy

Down syndrome

Prader willi syndrome

Pierre Robin Sequence

Acondroplasia

Sickle cell anemia

Hunter/Hurler Syndrome

Craniofacial abnormalities (e.g. Cleft lip and palate)

SUGGESTED PREVISIT WORKUP

Generally no previsit workup necessary but call pulmonary for visit within one week: (207) 662-5522

Will have outpatient clinical evaluation with subsequent sleep study

If concerns for CHF may need inpatient evaluation promptly

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Loud, continuous, snoring

Concerns for pauses in breathing

Nocturnal shortness of breath

Family concerned/scared about their observation of night time breathing

Choking during sleep

Daytime tiredness interfering with school or associated with behavior problems

Hyperactivity

Mouth breathing

Exam:
Obesity

Poor growth in height or weight

Hypertension

Tonsillar enlargement

Craniofacial abnormalities

Abnormal heart sounds (e.g. Loud S2)

SUGGESTED WORKUP

Strongly consider referral to pulmonary for evaluation and sleep study

Generally no previsit workup is required

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Intermittent, soft snoring

Comfortable breathing

No daytime tiredness

No school or behavioral problems

No hyperactivity

EXAM:
No obesity

Normal growth in height and weight

No hypertension

No tonsillar enlargement

No nasal obstruction (normal septum, no rhinitis)

No craniofacial abnormalities

Normal heart sounds

SUGGESTED MANAGEMENT

If no symptoms then continue to follow clinically

Take sleep history on annual physical to screen for above symptoms

CLINICAL PEARLS

- Patients with neurologic conditions, genetic conditions, and craniofacial symptoms are at increased risk for obstructive sleep apnea. These patients may not have a lot of symptoms but may have an abnormal sleep study. For this reason, there should be a low threshold for referral.
- Metabolic Consequences of Obstructive Sleep Apnea: Elevated CRP, Insulin Resistance, Hypercholesterolemia, Elevated Transaminases, Decreased insulin like growth factor, Decreased or altered growth hormone secretion.
- Neurocognitive Consequences of Obstructive Sleep Apnea: Decreased Quality of Life, Aggressive Behavior, Poor school performance, Depression, Attention Deficit, Hyperactivity, Moodiness.
- Cardiovascular Consequences of Obstructive Sleep Apnea: Autonomic Dysfunction, Systemic Hypertension, Absent Blood Pressure Dipping, Left Ventricular Dysfunction, Pulmonary Hypertension, Abnormal Heart Rate Variability, Elevated Vascular Endothelial Growth Factor.

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.