

Sleep Consult Medicine- Frequently Asked Questions

When should I consult inpatient sleep medicine at OV?

Anytime you are concerned that a patient has a significant sleep disorder. It is especially important to get sleep medicine involved if you have a patient with acute hypercapnic respiratory failure of unknown etiology that may be due to acute decompensation of obesity hypoventilation syndrome (OHS). Consult us early so we can help set the patient up with a CPAP/BiPAP machine both in-house and on discharge (set-up only available on weekdays).

When should I consider obesity hypoventilation syndrome (OHS)?

BMI>35, chronic hypercapnic respiratory failure (typically $pCO_2 > 45$), serum bicarb > 29 .

Do we perform sleep studies as an inpatient?

Yes! We can perform portable sleep studies inpatient or outpatient. If there is concern for severe OSA or OHS and a patient would benefit from obtaining a PAP machine prior to discharge, consult us for an inpatient sleep study. Milder OSA cases can be deferred to the outpatient setting (submit an e-consult). In-lab polysomnograms are usually performed as an outpatient.

Can my patient get a CPAP/BiPAP machine without a sleep study?

In general, patients need a sleep study to determine severity of OSA and need for CPAP/BIPAP treatment. In some cases, sleep medicine will treat OSA or OHS empirically with a PAP machine while the patient is awaiting the sleep study.

If your patient has clinically suspected OHS, most insurances will still cover a home BiPAP or AVAPS machine on discharge without a sleep study. You should still consult us for this. We can assess whether an inpatient or expedited outpatient sleep study is more appropriate. This is why it is important to consult us early and on weekdays (we cannot set home PAP machines up on weekends).

Where is the sleep medicine department located?

6B, same area as Respiratory Therapy. If patients have questions about their PAP machines/supplies/appointments, they can always stop by.