CPAP Prescription

Wesley Pulmonary and Sleep Services

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Dr John Feenstra

Patient name_____

Date of birth_____

Daytime/mobile number_____

Mask

- ☐ Any suitable to patient that is professionally fitted and clinically suitable
- ☐ Full face mask
- ☐ Nasal mask
- ☐ Nasal pillow mask

Humidifier

☐ Yes ☐ No

Device

Please fit the patient with a mask and supply with:

☐ Autotitrating PAP device set to _____ cmH_2O

☐ Fixed CPAP set to 90th percentile pressure after APAP trial (if preferable to patient)

☐ Fixed CPAP device set to _____ cmH_2O

☐ ASV device set to EPAP _____ cmH_2O

PS min _____ PS max _____

☐ Bilevel PAP device set to IPAP _____ cmH_2O and EPAP _____ cmH_2O

BPM _____

- ☐ Spontaneous
- ☐ Spontaneous timed
- ☐ Spontaneous timed and alarmed

The following questionnaires must be completed as part of the referral process

Epworth Sleepiness Questionnaire

For a Medicare subsidised sleep study a patient must score 8 or more

(Circle the number as appropriate for each row and tally the score)

How likely are you to doze off in the following situations?	No chance	Slight chance	Moderate chance	High chance
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive, in a public space	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
TOTAL SCORE				

STOP BANG Questionnaire

For a Medicare subsidised sleep study a patient must score 4 or more

(Circle “yes” or “no” as appropriate for each row and tally the “yes” answers)

Do you **S**nore loudly?	**Yes**	**No**
Do you often feel **T**ired?	**Yes**	**No**
Has anyone **O**bserved you stop breathing or choking/gasping during your sleep?	**Yes**	**No**
Do you have or are you being treated for high blood **P**ressure?	**Yes**	**No**
Is your **B**ody mass index more than 35kg/M2?	**Yes**	**No**
Are you **A**ged older than 50?	**Yes**	**No**
Is your **N**eck size: for males 17 inches/43cm or larger? (For females 16 inches/41cm or larger? (measured around adams apple)	**Yes**	**No**
Is your **G**ender male?	**Yes**	**No**
TOTAL “YES” ANSWERS		