

National Sleep Alliance: Protocol

Introduction and Use of Handbook

The goal of this handbook is to provide the sleep dental practitioner step by step instructions to aid in the identification of sleep apnea, communication with the sleep specialist, initiation and follow up of treatment.

In addition to the flow charts, tips to facilitate patient-clinician communication are included along with suggestions for forms/questionnaires and or follow up materials are included.

A list of forms and a copy of each are included. Asterisk's indicate forms. * Clinician Form ** Patient forms

This protocol instructional booklet will be updated periodically to reflect best practices.

If you have comments or questions, please contact us. 1-844-4TEAMNSA

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Steps Flow Chart

Steps

What and How

Step 1 Screening / Sleep Survey
To be given to all recall and new patients

Verbal Engagement with patient about OSA
Review results of the Sleep Survey*1
Review Medical History

Patient Engagement Strategies/tips

1. Describe to the patient what you are “seeing” and currently treating (Bruxism etc); Discuss results of the Sleep Survey
2. Ask them if they are aware of sleep apnea
3. Describe in simple, plain language what sleep apnea is
4. Describe in simple, plain language some of the health consequences of sleep apnea
****Don't overwhelm them with information****
5. Ask them if they would like more information; provide them the OSA Overview handout to review**
6. **Sample conversation:** *I am concerned about your health with regards to sleep apnea and I am here to help you. Our office works together with a sleep specialist to provide you the care, treatment and support you need to be successful. The next step to better health is your choice and I respect your choice. If you are willing, we would like to work with the sleep clinic and get you scheduled for an appointment. Would that be OK with you?*

Step 2 Patient Education

Brief discussion of OSA and need to evaluate further by asking a few more questions and a brief clinical exam.

Step 3 Clinical Exam

Brief Clinical exam to evaluate clinical signs of OSA and to evaluate if dentition can support OAT. If + screen review result of screening and clinical exam and give patient 2 options 1) Direct referral to M.D if pt willing or 2) Home Pulse Ox Screening

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Steps

What/How

Step 4 Pulse Ox Testing optional
OR direct referral
If + on Initial Screening

Dispense Pulse Ox to Patient

1. Home Pulse Ox Testing Consent*2
2. Home Pulse Ox Testing Pt Instructions**1
3. 2 night testing
4. Schedule visit for pt to return unit and review report

Step 5 Pt to Return Pulse Ox Unit
In Office Rev of Sleep Pulse Ox

1. Download Report. Discuss findings with pt, communicate need for Sleep M.D. referral
2. Complete STOP BANG *4 and Epworth*5
3. Complete NSA Dental Referral Form*6
4. Dispense Pt Ed info. Why You Are Being Referred To A Sleep M.D.**2
5. Call Sleep M.D. office to schedule apt for pt. while pt in office

Step 6 Referral to Sleep MD
Diagnosis/ Options for Treatment
Treatment Plan discussed by M.D. with patient
Including if patient is a candidate for OAT AND it is the agreed treatment plan

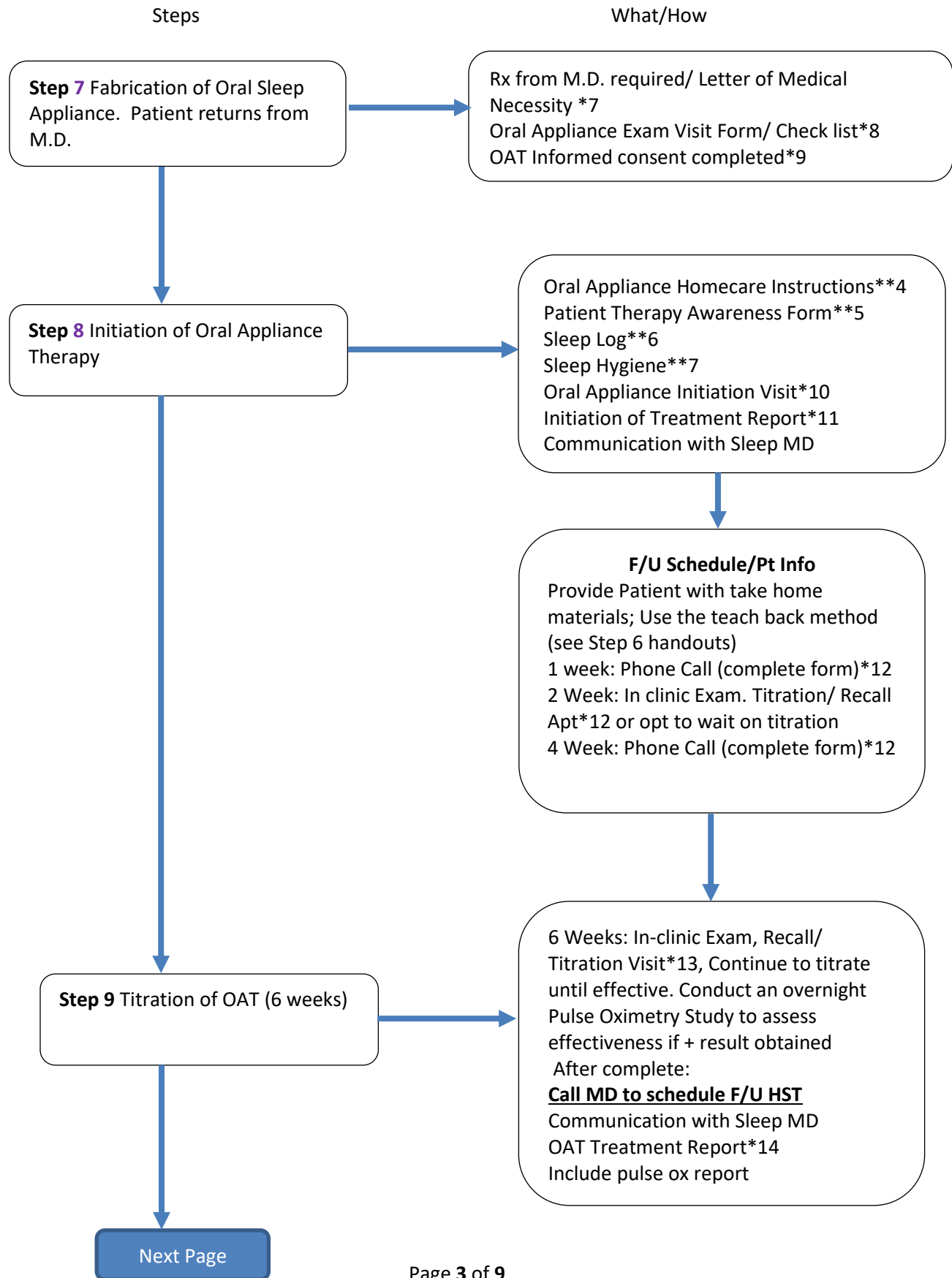
CPAP/Surgery may be best option

Patient Information and Engagement Strategies

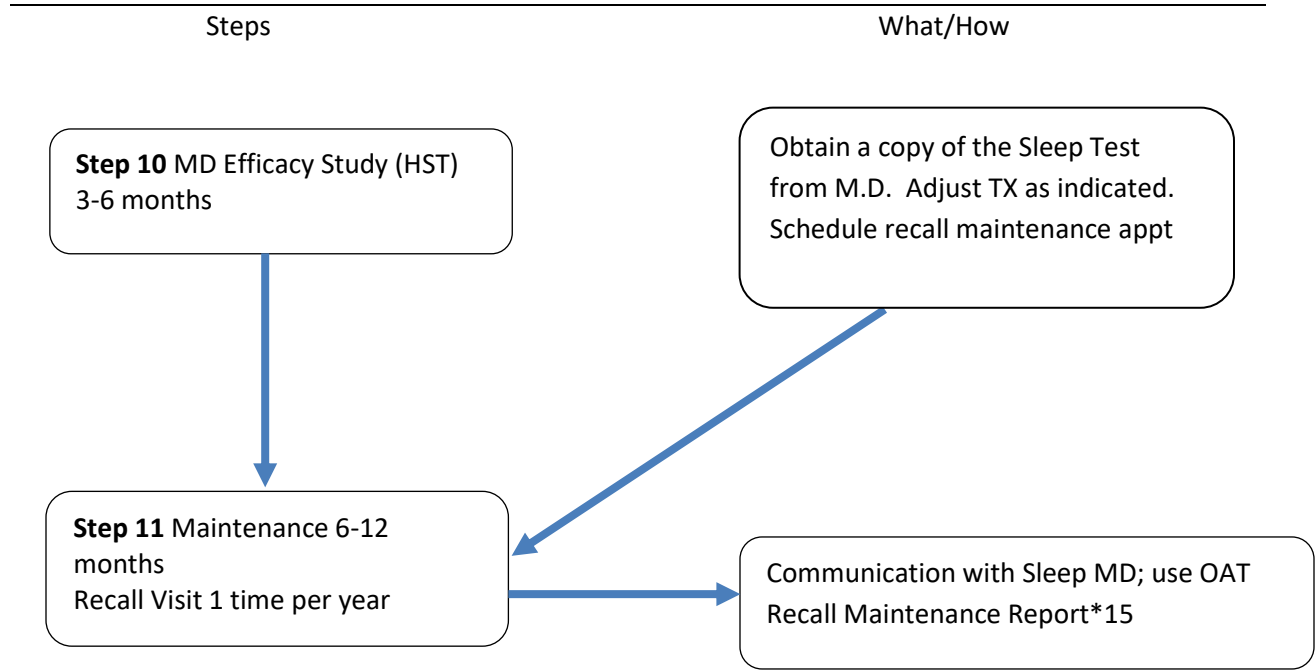
1. Provide patient with the "10 Questions to Ask"***3
2. Review sleep apnea diagnosis
3. Discuss what sleep apnea is, how the appliance will work
4. Discuss lifestyle changes
5. Provide patient with steps for OAT
 - a. Fabrication
 - b. Implementation/Titration
 - c. Follow-On Care

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Clinical and Patient Forms List

Clinical Forms *

1. Sleep Survey
2. Home Pulse Ox Consent
3. STOP/BANG
4. Epworth (ESS)
5. NSA Referral Form
6. Rx from Sleep M.D./ Letter of Medical Necessity
7. New Consult _Oral Appliance Evaluation
8. AADSM OAT Informed consent
9. Oral Appliance Initiation Visit
10. Initiation of Treatment Letter
11. Phone Call Follow Up
12. Oral Appliance Evaluation/ Titration
13. OAT Treatment Letter
14. OAT Maintenance Letter

Patient Education Handouts **

1. Home Pulse Ox Testing Pt Instructions
2. Patient Information Sheet _OSA
3. "10 Questions to Ask"
4. Oral Appliance Homecare Instructions
5. Patient Therapy Awareness Form
6. Sleep Diary
7. Sleep Hygiene

Letter Templates and Miscellaneous Materials

Correspondence with M.D.

1. Intro Letter of Dentist to Sleep M.D.
2. NSA Referral Form
3. Prescription for oral appliance from M.D.
4. Letter of Medical Necessity from M.D.
5. Initiation of Treatment Letter
6. OAT Treatment Letter
7. OAT Maintenance Letter
8. Thank you _Request for Info Letter

Misc. Materials.

1. NSA Guidelines Partnership Agreement
2. Ineffective Treatment Appointment
3. Sleep Observers Scale
4. Sleep Hygiene

Sleep Specialist Communication Forms

Materials	Provision to Patient
OSA Overview	Step 1
Home Pulse Ox Testing Pt Instructions	
Home Pulse Ox Return Form *	Step 4
Why You Are Being Referred To A Sleep Physician	Step 5 to include tx opts (to be completed)
Oral Appliance Patient Home Care Instructions	Step 8
Patient Therapy Awareness Form	Step 8
Oral Appliance checklist	
Sleep log	Step 8
Sleep hygiene	Step 8
Correspondence with M.D.	
Intro Letter	
Referral Form	Step 6
Initiation of Treatment	Step 8
OAT Treatment Report	Step 10
Recall Maintenance Report	Step 11

Steps Quick Reference

Step 1: Screening All Recall Patients and New Patients

Step 2: Patient Education and Interview

Step 3: Clinical Examination

Step 4: Home Sleep Pulse Ox Testing

Step 5: In Office Review of Sleep Pulse Ox with Patient

Step 6: Referral to Sleep M.D.

Step 7: Fabrication of Oral Sleep Appliance (OSA)

Step 8: Initiation of OSA

Step 9: Titration of Oral Appliance

Step 10: M.D. Efficacy Study (HST) 3-6 months

Step 11: Maintenance 6- 12 months (replacement every 3-5 yrs.)

Protocol: Visits Step by Step

1. Visit #1 (Protocol Steps 1-4)
 - a. Review Sleep Survey
 - b. Patient Engagement and Education
 - c. Pulse Ox testing or direct referral to M.D.
 - d. Dispense Pulse Ox, Home pulse Ox Return form
2. Visit #2 (Protocol Steps 5-6)
 - a. Return Pulse Ox download report
 - b. Review Results with patient
 - c. Referral to M.D., M.D referral report. Call M.D. office to schedule apt for pt.
3. Visit #3 (Protocol Step 7)
 - a. Obtain Rx and Need for Medical Necessity from M.D. office
 - b. Clinical Exam for Appliance
 - c. Oral Appliance Initiation Form
 - d. Appliance Selection
 - e. Informed consent for Appliance
 - f. Send impression and Rx to lab
4. Visit # 4 (Step 8-9)
 - a. Oral Appliance Initiation
 - b. Oral Appliance Evaluation Phone Call (after initiation Week 1 and 2)
 - c. Patient Visit Exam Form (Week 4)
 - d. Start titration if indicated
 - e. Titration visits generally 2-4 weeks apart
 - f. After finding sweet spot titration complete
5. Visit # 5 (Step 10)
 - a. MD Efficacy study Form
6. Visit # 6 (Step 11) Maintenance
 - a. 6 and 12 months maintenance form
 - b. Report to M.D.
7. Miscellaneous forms
 - a. Ineffective treatment form
 - b. Sleep Observation Form
 - c. Daily at home log (give at Step 9 for the first 2 weeks of at home therapy)
 - d. Sleep Hygiene, probably good to give during the discussion of tx (Step9)