

Referral checklist for Evelina London Children’s Sleep Medicine

www.evelinalondon.nhs.uk/SleepReferrals

(This form should take five minutes to complete. It will help us decide if we can accept your referral, fast track if necessary, and move into the most appropriate investigation and management pathway as early as possible. We can’t now accept referrals where this has not been completed. You can print and complete by hand or type answers and print. If you are emailing to us please do so from a secure NHS.net email, to our NHS.net email)

Name of young person:	
Date of birth of young person:	
NHS Number	
Name of Referrer:	
Speciality: Consultant Paediatrician/Child and Adolescent Psychiatrist	
Hospital/Community/CAMHS name	
Confirmation and approximate date that referrer will next review young person:	
<p><i>Please attach referral letter to this completed checklist. You can paste a short summary into this section but the word count is limited.</i></p> <p>Dear Children’s Sleep Medicine Clinic,</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Diagnoses:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>Current Medications:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>

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A. Pre-referral Checklist	
<p>1. Age: <i>Is child <16.5 years of age</i> <i>(If not please refer to adult services-in exceptional circumstances we can consider older than this, please contact us directly)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____ _____</p>
<p>2a. Ongoing care: <i>If different to referrer please give name of consultant paediatrician or consultant child and adolescent psychiatrist who has agreed to share ongoing care with particular regard to prescribing if required.</i></p>	<p>Name: _____</p>
<p>2b. Please provide a direct contact email address for the principal secondary care consultant</p>	<p>_____</p>
<p>3. Services already involved: <i>Please let us know who else is involved in the young person's care</i></p>	<p>Social Services: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____</p> <p>Paediatrics: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____</p> <p>Child Mental Health: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____ _____</p>

<p>4. Medical Screening:</p> <p><i>Have common illnesses that impact on sleep been considered. (Reflux/asthma/eczema, constipation etc)</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment:</p> <p>_____</p> <p>_____</p>
<p>5. Neurodevelopmental Screening</p> <p><i>Are there are daytime concerns about development or behaviour (eg possible autism or ADHD) and has a referral to appropriate child development team or child and adolescent service been made? Please do not refer for sleep consultation until this has taken place, and please include assessment letter.</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment:</p> <p>_____</p> <p>_____</p>
<p>6. Behavioural Basics</p> <p><i>Have the parents been given sleep behavioural basic leaflet or supported (by telephone or in person) through a behavioural sleep intervention? (Such non-pharmacological interventions are very effective, even in children with neurodevelopmental problems and have an effect size as high as most pharmacological interventions.) If not please download from our website or NHS website and discuss with family before referral.</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment:</p> <p>_____</p> <p>_____</p>

B. Diagnostic Category	
1. Existing Diagnoses (Neurodevelopmental, Medical or Psychiatric):	1. 2. 3. 4. 5.
2. Obstructive sleep apnoea <i>(GASP -Gasp/Apnoea/snore/perspire) Large tonsils, Down's syndrome, low tone, overweight</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____
3. Restless legs <i>Does young person have a history of their legs bothering them in the evening and needing to move around/tickly sensations worse in the evening/diagnoses of growing pains/tired or underperforming during the day</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____
4. Narcolepsy/Excessive daytime sleepiness <i>Excessive irresistible daytime sleep attacks. Sudden loss of muscle tone (face or legs) with emotion (like giggling) Fragmented sleep with hallucinations Sleep paralysis Weight gain.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____
5. Severe sleep walking/headbanging/night terrors <i>Affecting young person's quality of life/persisting after puberty/concern about nocturnal seizures. (Common paediatric problems such as sleep terrors, sleep walking and night-time head banging can usually be assessed and managed at primary and secondary care level; referrals for these conditions will only be accepted from secondary care consultants when there are concerns about significant effect on quality of life, unusual or atypical presentation, or concern regarding possible seizures. Where there are</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____ _____

<p><i>concerns regarding seizures, please supply information about assessment already carried out)</i></p>	
<p>6. Problem of falling and/or staying asleep</p> <p><i>a) Behavioural association/sleep hygiene problems despite adequate local behavioural intervention (either family factors, or comorbidity (neurodevelopmental disorder etc) means that additional advice is sought.)</i></p> <p><i>b) Taking > one hour to fall asleep 5/7 nights despite age appropriate bedtime, adequate behavioural and sleep hygiene advice, and trial of melatonin</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment:</p> <p>_____</p> <p>_____</p>
<p>C. Shared care prescribing</p>	
<p><i>Dear Referrer,</i></p> <p><i>The Evelina London children’s sleep service supports the assessment and management of rare and/or complex sleep problems in children, often in the context of other medical problems which may significantly affect sleep.</i></p> <p><i>Recommendations made by members of our team following assessment in our service are communicated to referring consultants, who then implement these if felt appropriate.</i></p> <p><i>With the exception of one narcolepsy specific medication – sodium oxybate – we are not able to prescribe medications from our clinics</i></p> <p><i>Medication prescription and monitoring is usually carried out by either primary (GP) or secondary (local paediatrician) care.</i></p> <p><i>Long-term follow-up capacity in our clinic is very limited. Routine follow-up and management of individual patients will usually remain with referring paediatricians and children being seen by our service should not be discharged from local consultant care until our involvement is over.</i></p> <p><i>While we are always happy to discuss patients with referring paediatricians at any point, we would ask that families contact their primary (referring) paediatrician in the first instance in the event of queries.</i></p> <p><i>Detailed information regarding referral to our service is available at www.evelinalondon.nhs.uk/SleepReferrals</i></p>	

<p><u>Melatonin</u> <u>Clonidine</u></p> <p><u>Slow release methylphenidate</u> preparations</p> <p><u>Elvanse</u> (Lisdexamphetamine)</p> <p><u>Modafinil</u></p> <p><u>Venlafaxine</u></p> <p><u>Sodium Oxybate</u> -for Narcolepsy and Cataplexy (<i>this is the only medication we can initiate and prescribe</i>)</p> <p><u>Iron supplements</u></p> <p><u>Trazodone</u></p>	<p><i>We have either shared-care, or RCPCH national prescribing information for most of these medications.</i></p> <p><i>As a specialist centre, some of the sleep disorders we see are very rare. In keeping with many other areas of paediatrics there may be no paediatric licensed medications, despite trial data that supports the safe and effective use of certain medications.</i></p>
<p>If you need further information please contact gst-tr.paediatricsleepsecretaries@nhs.net</p>	

*Please complete referral by emailing completed form to:
gst-tr.paediatricsleepsecretaries@nhs.net*