

pediatric ENT

summary of action statements for polysomnography (PSG)

Sleep studies are a great tool for evaluating and determining severity of obstructive sleep apnea (OSA). However, sleep studies are not needed on otherwise healthy little children with

snoring, sleep disturbed breathing, and large tonsils. In this group of kids it is reasonable to evaluate for an adenotonsillectomy without a sleep study.

This chart shows what the academy of otolaryngology thinks are the appropriate reasons to consider a sleep study.

Statement of Action	Action	Evidence
1. Indications for PSG	Before performing tonsillectomy, the clinician should refer children with SDB for PSG if they exhibit any of the following: obesity, Down syndrome, craniofacial abnormalities, neuromuscular disorders, sickle cell disease, or mucopolysaccharidoses.	Recommendation based on observational studies with a preponderance of benefit over harm.
2. Advocating for PSG	The clinician should advocate for PSG prior to tonsillectomy for SDB in children without any of the comorbidities listed in statement 1 for whom the need for surgery is uncertain or when there is discordance between tonsillar size on physical examination and the reported severity of SDB.	Recommendation based on observational and case-control studies with a preponderance of benefit over harm.
3. Communication with anesthesiologist	Clinicians should communicate PSG results to the anesthesiologist prior to the induction of anesthesia for tonsillectomy in a child with SDB.	Recommendation based on observational studies with a preponderance of benefit over harm.
4. Inpatient admission for children with OSA documented in results of PSG	Clinicians should admit children with OSA documented in results of PSG for inpatient, overnight monitoring after tonsillectomy if they are younger than age 3 or have severe OSA (apnea-hypopnea index of 10 or more obstructive events/hour; oxygen saturation nadir less than 80%, or both).	Recommendation based on observational studies with a preponderance of benefit over harm.
5. Unattended PSG with portable monitoring device	In children for whom PSG is indicated to assess SDB prior to tonsillectomy, clinicians should obtain laboratory-based PSG, when available.	Recommendation based on diagnostic studies with limitations and a preponderance of benefit over harm.



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