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Sleep Medicine Consultation in Hospitalized Patients

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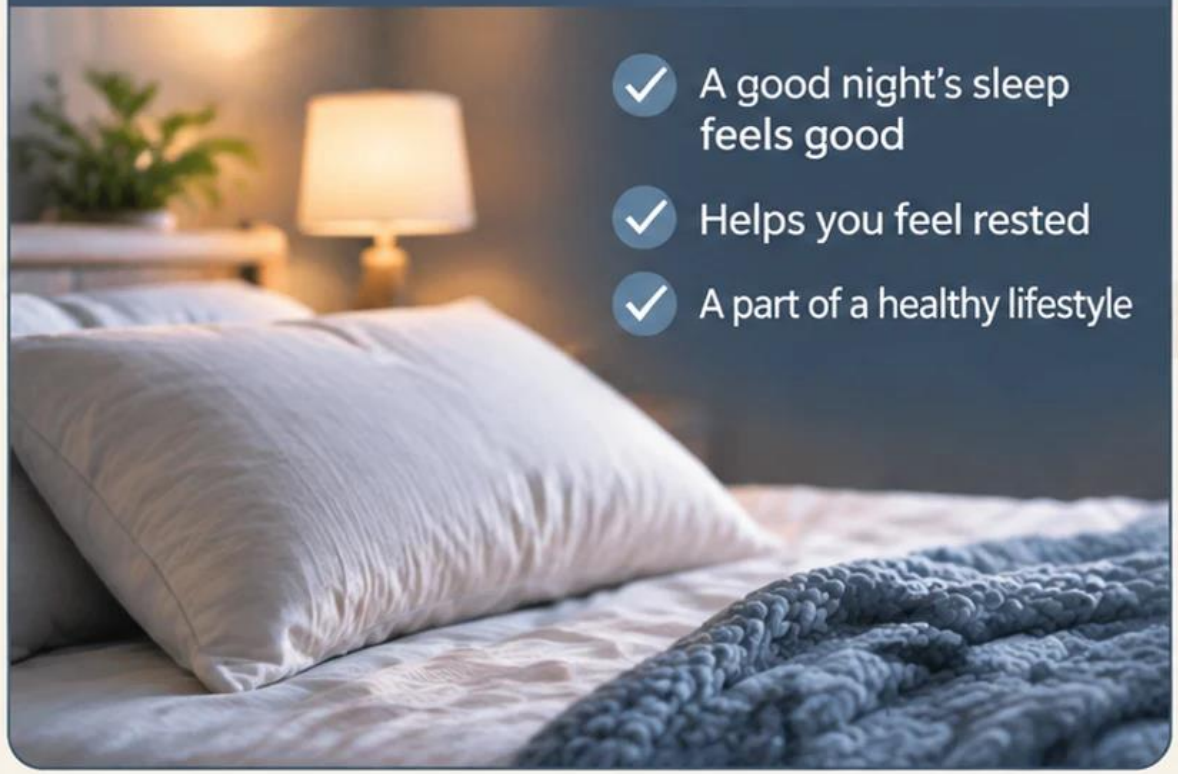
Outline

1. Why sleep matters in hospital
2. What current guidance says?
3. Who needs a sleep consultation?
4. A practical inpatient pathway?
5. Take-home messages?

Sleep is a clinical issue, not just a comfort issue

Traditional View (Comfort)



- A good night's sleep feels good
- Helps you feel rested
- A part of a healthy lifestyle

Clinical Reality

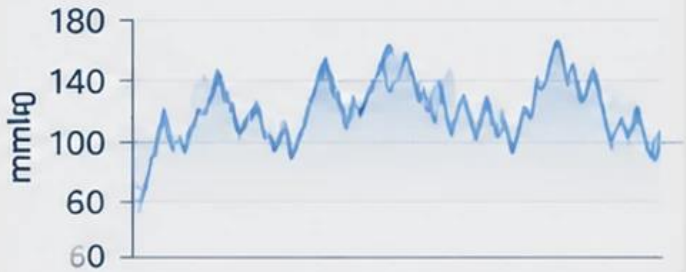
EEG / PSG



Immune Markers

IL-6 ↑
TNF-α ↑
CRP ↑

Blood Pressure



Vital Signs

HR **78** bpm

SpO_2 **95%**

Temp **37.1°C**

Sleep affects brain function, immune health, cardiovascular risk, and overall well-being — it is a **clinical issue.**

The inpatient sleep gap

Hospitalization disrupts sleep



Noise • light • alarms • pain • procedures • unfamiliar surroundings

Illness and medications



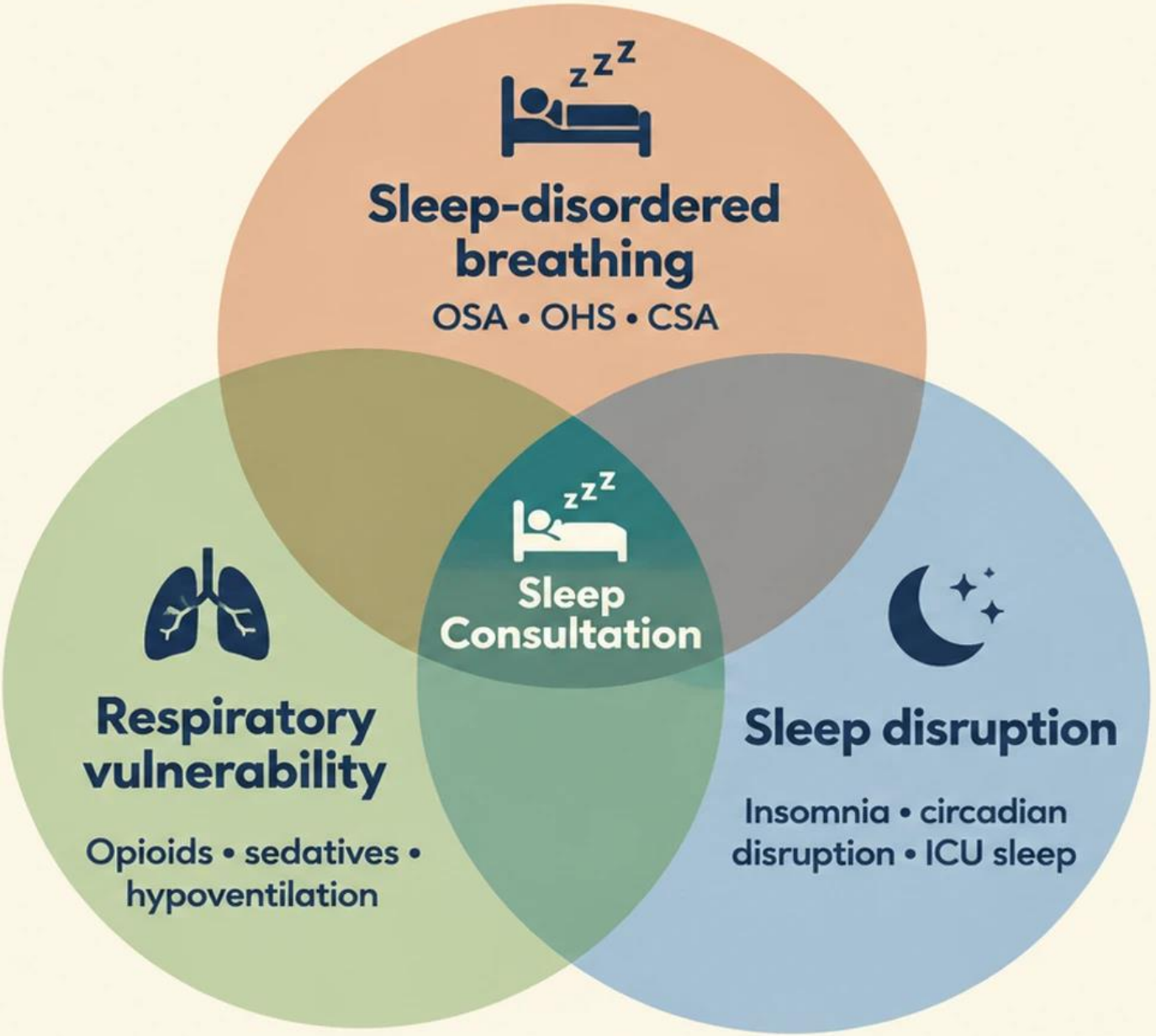
Acute illness and medications can expose or worsen sleep-disordered breathing.

Look beneath the surface



Undiagnosed OSA may be hidden behind these clinical clues.

Why Does Sleep Consultation Matter?



The opportunity: Early recognition, targeted management and continuity of care.

1 Early recognition



Screening, identifying risk factors, and diagnosis in perioperative or inpatient settings

2 Targeted management



Optimizing PAP therapy, limiting sedatives, and tailored interventions

3 Continuity of care



Post-discharge follow-up, linkage to sleep clinics, and long-term adherence



> **"A useful consultation separates environmental sleep disruption from an underlying disorder, and identifies what must be managed now."**

Distinguishing Sleep Issues



- **Environmental disruption** (noise, light, care)
- **Underlying sleep disorder** (OSA, insomnia, etc.)

Immediate Action



- **Identifying what must be managed right now in the inpatient/perioperative setting.**

When should we request a sleep consulitation?

1

Known sleep-disordered breathing with interrupted or uncertain treatment.



2

High suspicion of moderate–severe OSA: sleepiness plus snoring, witnessed apnea/gasping, hypertension or high-risk comorbidity.



3

Recurrent unexplained nocturnal desaturation, suspected hypoventilation or complex PAP questions.



Any of these clinical situations can prompt consultation.

Prioritize review when sleep becomes immediattely relevant



- Respiratory events or instability make the sleep diagnosis immediately relevant.



- Complex cases involving heart failure, atrial fibrillation, stroke, pulmonary hypertension or neuromuscular disease.



- Opioid/sedative exposure, or cardiopulmonary concerns.



A sleep consultation should change a clinical decision—not simply add a diagnosis.

Actionable Impact

Changing perioperative/inpatient management decisions

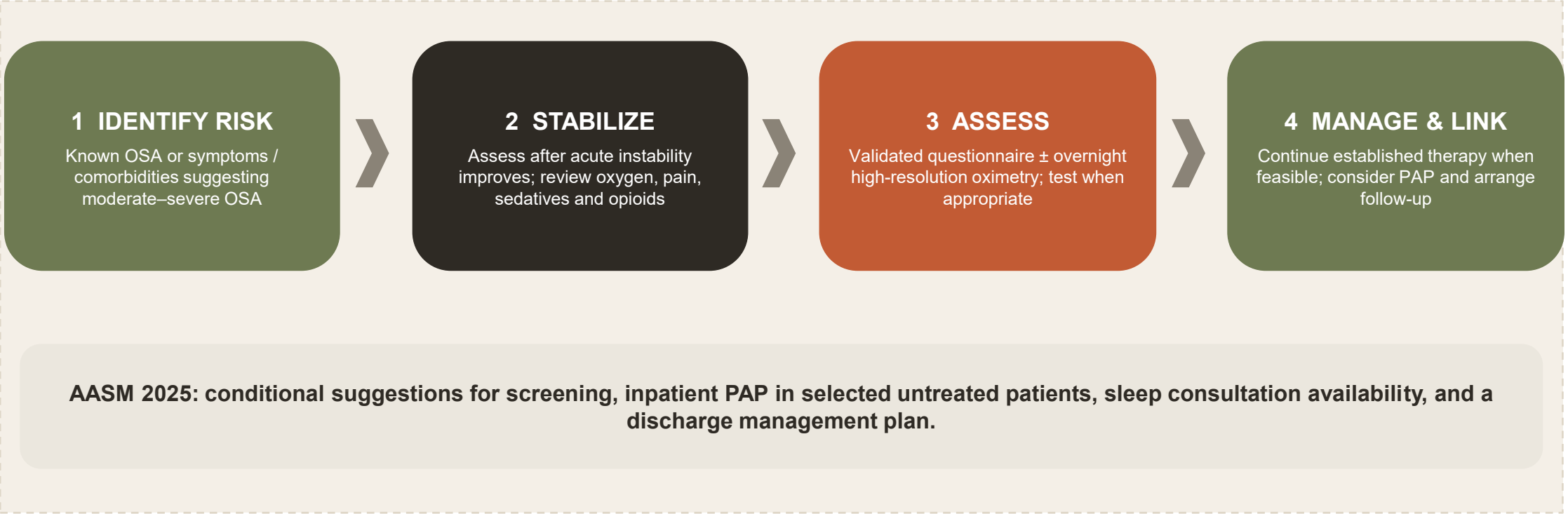


Beyond Labeling

Moving past a static label to direct targeted treatment and risk stratification.



A practical inpatient OSA pathway



AASM 2025 recommendations apply to medically hospitalized adults; they do not address perioperative surgical inpatients.

What should the inpatient consultation deliver?

Clinical question	Bedside assessment	Practical output
Is OSA likely?	Sleepiness; snoring, witnessed apneas: STOP-Bang / risk profile	Risk stratification; plan objective testing
Is breathing unsafe now?	Nocturnal events, oxygen need, cardiddeedding exposure, ventilation status	Escalation / monitoring plan for the clinical context
Is treatment interrupted?	Home PAP, settings, interface, adherence, contraindications	Continue usual therapy when feasible, document plan

Take-Home Messages

1

Recognize

Think beyond insomnia: identify OSA, hypoventilation, central events and treatment interruption.

2

Act safely

Review opioids, sedatives, respiratory status and existing PAP; individualize the immediate plan.

3

Close the loop

A consultation is incomplete without a documented diagnostic and post-discharge follow-up plan.

Selected References

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Thank You

Questions & Discussion

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