



## PEDIATRIC ENT REFERRAL

(For Referral to IWK Pediatric Otolaryngology – IWK Health)

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### Referring Provider

Dentist Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

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\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

MSI Billing #: \_\_\_\_\_

Date: \_\_\_\_\_

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### Pediatric Patient Information

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## **Pediatric Patient information continued:**

**Email Address:** \_\_\_\_\_

**Family Physician / NP:** \_\_\_\_\_

### **Section 1: Referral for Assessment of Tonsils for OSA**

- Tonsillar Hypertrophy
- Suspected Sleep-Disordered Breathing / OSA
- Airway Obstruction
- Other: \_\_\_\_\_

### **IMPORTANT REFERRAL CRITERIA**

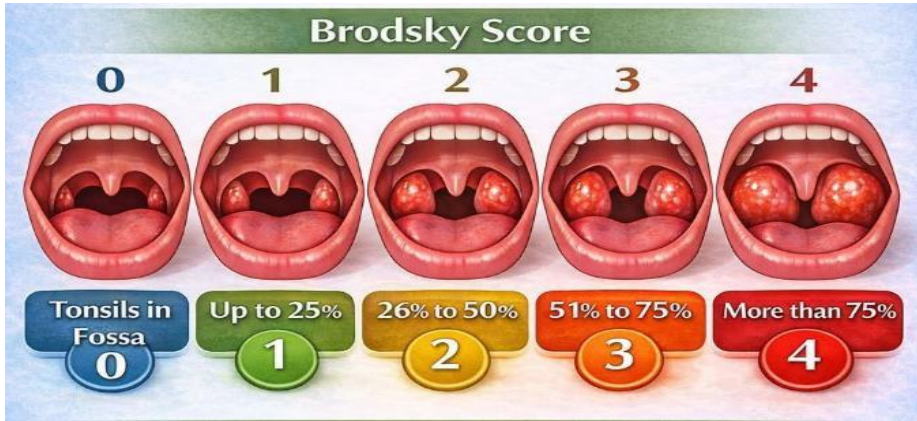
**Referrals from dentists will only be accepted when:**

- Tonsillar hypertrophy is documented as **Grade 3+/4 or Grade 4+/4 enlargement ( $\geq 75\%$  airway obstruction) SEE BELOW**
  - **AND** symptoms are highly suggestive of **sleep-disordered breathing / upper airway obstruction with PARENTAL CONCERNS about sleep quality**
  - **AND** the referral form is **complete**.
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# Tonsillar Assessment via Brodsky Scale

Visual Guide for degree of obstruction (for clinical reference):

Grade 1+ ( Minimal ) <25% of airway	Grade 2+ ( Mild ) 25–50% of airway	Grade 3+ ( Moderate ) 50–75% of airway	Grade 4+ ( Severe ) >75% of airway
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## Documented Tonsil Grade

- 1+/4     2+/4     3+/4     4+/4

**NOTE:** Only 3+/4 or 4+/4 tonsillar enlargement with symptoms will be accepted for referral.

## Clinical Findings

- Snoring present nightly for >3 months
- Restless sleep at night or apneas/pauses observed by parents even when not sick with a URTI
- Concerns about daytime symptoms related to poor sleep quality/OSA: attention or concentration issues, excessive fatigue
- Other: \_\_\_\_\_

## Clinical Comments:

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## Section 2: Primary Reason for Referral: Assessment of Adenoids only (No tonsil hypertrophy)

Referrals will be accepted if there is documented evidence of adenoid hypertrophy on a lateral airway x-ray **accessible on the PACS** (Picture Archiving and Communication System) in Nova Scotia.

If unable to obtain such an x-ray, please refer to the patient's Primary Care Physician or Nurse Practitioner to evaluate whether an ENT referral is appropriate.

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### Clinical Symptom:

- Snoring:  Occasional  Nightly (5+ nights/week)
- Restless sleep at night or apneas/pauses observed by parents even when not sick with a URTI
- Parental concerns about chronic nasal obstruction and/or chronic mouth breathing
- Other: \_\_\_\_\_

Grade 1 Adenoids: 0-25% of airway



Grade 2 Adenoids: 25-50% of airway



Grade 3 Adenoids: 50-75% of airway



Grade 4 Adenoids: >75% of Airway



## Referring Dentist Declaration

I confirm that the information provided is accurate and that this referral meets current criteria for assessment by IWK Pediatric Otolaryngology.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

**Fax completed forms to: 902-470-8929**

