

# Monitoring Your Child's Obstructive Sleep Disorder

Obstructive sleep disorder involves a group of symptoms that are indicated below. The most important of these are:

- Snoring
- Struggling to breathe
- Periods of stopping breathing during sleep termed *Apnoea*.

In order to establish how significant this condition is in your child it is very worth while if you do a sleep study observation yourself at home. Ideally this is at 4am in the morning but for practical purposes an hour after the child falls asleep is appropriate. The symptoms are noted as both Daytime and Nighttime symptoms and signs with a tick box for your observations, which you can print out, and either email or bring to your child's consultation.

Apnoea is a period when a child is snoring and then goes quiet and holds their breathe with a period of obstruction and struggling to breathe followed by an inspiratory gasp. It is very useful to time the period of this apnoea. The child may not snore every night but it is certainly worthwhile over the period of observation to see whether the child's snoring is mild normally and significantly worse with upper respiratory tract infections as this obviously has an impact on their management.

Below in the table we have in order of frequency the signs and symptoms of obstructive sleep disorder and Apnoea in children both during the day and during the night when they are sleeping.

Symptoms and Signs of obstructive sleep disorder in children

## DAYTIME

- Waking up tired/grumpy in morning or after afternoon nap
- Daytime sleepiness (somnolence)
- Difficulty swallowing meat/apple peel
- Failure to thrive, growth retardation
- Obesity, inactivity
- Hyperactivity, ADHD symptoms, behaviour problems
- Learning difficulties, concentration attention problems at school

## NIGHT TIME

- Snoring
- Stopping breathing for a short period of time (Apnoeic Episodes)
- Struggling to breathe
- Chronic Mouth Breathing
- Sweating
- Restless sleeping, frequent waking
- Sleep walking, sleep talking, night terrors
- Sleeping excessively long (Hypersomnolence)
- Teeth grinding
- Choking & vomiting
- Bed Wetting (enuresis)
- Cyanosis
- Sleeping in unusual positions (e.g. head arched back like a sword swallower)

## Parent Observation Sheet

Child's Name.....

Date & Time of Observation.....

Child's general health at time of observations (eg colds, flu etc).....

Tick off any of the symptoms and signs of obstructive sleep disorder observed in your child.

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- Struggling to breathe
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- Sweating
- Sleepwalking, sleep talking, night terrors
- Sleeping excessive long (Hypersomnolence)
- Teeth grinding
- Choking & vomiting
- Bed Wetting (Enuresis)
- Blue tinge around the lips (Cyanosis)
- Sleeping in unusual positions (e.g. head arched back like a sword swallower)

Any other observations:

Email this form to [paedentserv@gmail.com](mailto:paedentserv@gmail.com) or bring it with you to your appointment.