

SCREENING FOR POTENTIAL PEDIATRIC SLEEP DISORDERS

Children don't have "sleep apnea"; they have Sleep Disordered Breathing that will progress into Obstructive Sleep Apnea as an adult unless the craniofacial growth disturbances from childhood breathing problems are corrected.

TOP 10 COMMON SYMPTOMS OF SLEEP DISORDERED BREATHING IN CHILDREN

1. Snoring, loud or labored Breathing.
 - a. 1X per week in young children is considered pathologic
 - b. Habitual mouth breathing, or signs of it
 - c. Unable to nasal breath for several minutes
2. Nighttime bruxing, dental signs of bruxing if not observed
3. Frequent bedwetting
4. Restless Sleep: tossing/turning, kicking, twisted in sheets
5. ADD/ADHD-like behavior
 - a. Poor attention span, constantly moving, fidgety
6. Scalloped tongue/depressed curve of spee (bicuspid drop), tongue rests over posterior teeth or has lateral/anterior scalloping on tongue.
7. Narrow and/or high arched palate
8. Visible tonsils grade 1+ or more.
 - a. Allergic shiners, glazed/watery eyes
9. Sensitive gag reflex or guarding of the airway
10. Problems swallowing water (forced swallow) problems chewing dry or chewy foods

The most concerning signs/symptoms of a breathing disorder:

1. Habitual mouth breathing
2. Snoring- 1+ times per week
3. Sleep Talking
4. Bruxing

Appropriate imaging and overnight pulse oximetry are the next level of data collected in order to confirm the need for Tonsillectomy and Adenoidectomy for the physician.

