Consider referral to sleep specialist for positive airway pressure therapy during well child visit, children with snoring & signs and symptoms of OSAS as listed in Table 1. Obtain a polysomnogram (PSG) OR refer to sleep specialist / ENT.

OSAS with adenotonsillar hypertrophy without contraindication for surgery

Children at high risk of post operative complications as per criteria listed in Table 2

ENT for adenotonsillectomy

Admit high risk patients as listed in Table 2 for cardiopulmonary monitoring.

Patients with high risk for residual OSAS as listed in Table 4. should have assessment with a PSG at 2-3 months after adenotonsillectomy.

PSG confirms residual OSAS OR persistent sign & symptom of OSAS as listed in Table 2

Intranasal steroids for children with mild OSA with contraindication for surgery or who would like to try medical therapy, or with mild residual OSA after adenotonsillectomy.

TABLE 1.

History
Frequent snoring (≥3 nights/wk)
Labored breathing during sleep
Gasps/snoring noises/observed episodes of apnea
Sleep enuresis (especially secondary enuresis)
Sleeping in unusual position
Cyanosis
Headaches on awakening
Daytime sleepiness
ADHD
Learning problems

Physical examination
Underweight or overweight
Tonsillar hypertrophy
Adenoidal facies
Micrognathia/retrognathia
High-arched palate
Hypertension

TABLE 3.

Contraindications for Adenotonsillectomy

Absolute
No adenotonsillar tissue (tissue has been surgically removed)

Relative
Very small tonsils/adenoid
Morbid obesity & small tonsils/adenoid
Bleeding disorder refractory to treatment
Submucus cleft palate
Other medical conditions making patient medically unstable for surgery

TABLE 2.

Risk Factors for Postoperative Respiratory Complications in Children with OSAS Undergoing Adenotonsillectomy:

Younger than 3 y of age
Severe OSAS on PSG
Cardiac complications of OSAS
Failure to thrive
Obesity
Current respiratory infection

Table 4.

Risk factors for persistent OSAS after adenotonsillectomy:

Significantly abnormal baseline PSG
Obesity, or
Remain symptomatic after treatment.

Consider referral to sleep specialist for positive airway pressure therapy.