

**TABLE 1.**

**History**

Frequent snoring (≥3 nights/wk)  
Labored breathing during sleep  
Gasps/snorting 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

During well child visit, children with snoring & sign 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

OSAS without adenotonsillar hypertrophy OR with contraindication for surgery

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

Children without 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

**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 factor 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

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 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  
Submucous cleft palate  
Other medical conditions making patient medically unstable for surgery