## Hypersomnia

### 3.1.1

The MSLT, preceded by nocturnal PSG, is indicated in children as part of the evaluation for suspected narcolepsy. **STANDARD**

### 3.1.2

The MSLT, preceded by nocturnal PSG, is indicated in children suspected of having hypersomnia from causes other than narcolepsy to assess excessive sleepiness and to aid in differentiation from narcolepsy. **OPTION**

## Parasomnia

### 3.2.1

The polysomnogram using an expanded EEG montage is indicated in children to confirm the diagnosis of an atypical or potentially injurious parasomnia or differentiate a parasomnia from sleep-related epilepsy when the initial clinical evaluation and standard EEG are inconclusive. **OPTION**

### 3.2.2

Children with frequent NREM parasomnias, epilepsy, or nocturnal enuresis should be clinically screened for the presence of comorbid sleep disorders, and polysomnography should be performed if there is a suspicion for sleep-disordered breathing or periodic limb movement disorder. **GUIDELINE**
SLEEP RELATED MOVEMENT DISORDERS

3.3.1 Polysomnography is indicated in children suspected of having RLS who require supportive data for diagnosing RLS.  

OPTION

3.3.2 PSG is indicated for children suspected of having PLMD for diagnosing PLMD.  

STANDARD

3.3.3 Polysomnography is not routinely indicated for evaluation of children with sleep-related bruxism.  

STANDARD