# Adult Obstructive Sleep Apnea (OSA) History

**Patient Previously Diagnosed With Sleep Apnea?**
- **Yes**
- **No**
- **Unable to Assess**

*If YES:*
- "Notify Physician of previous OSA diagnosis and obtain order to initiate 'Obstructive Sleep Apnea, Adult KNOWN' and,
- "Go to Discharge Routine and attach "General Discharge Guidelines (For Patients with Known History of Sleep Apnea Requiring Use of CPAP/BPAP)".*

**Patient Use Appliance at Home?**
- **Yes**
- **No: Non-Compliant**
- **No: No Longer Required**
- **No: Appliance Needs Repair**
- **Not Applicable**
- **Other**

**Did Pt Bring Appliance From Home?**
- **Yes**
- **No**
- **Not Applicable**

**Sleep Apnea History Comments**

# Adult STOP–BANG Questionnaire

**Does Patient Snore Loudly?**
- **Yes**
- **No**

Does patient snore loud enough to be heard through closed doors OR patient’s bed partner elbows them for snoring loudly at night?

**Does Patient Often Feel Tired?**
- **Yes**
- **No**

Does patient often feel tired, fatigued, or sleepy during the daytime (such as falling asleep during driving)?

**Patient Observed Not Breathing/Choking?**
- **Yes**
- **No**

Has anyone observed patient not breathing or choking/gasping during sleep?

**Patient Being Treated for High Blood Pressure?**
- **Yes**
- **No**

Does patient have or being treated for high blood pressure?

**Patient's BMI > 35 kg/m2?**
- **Yes**
- **No**

BMI = Body Mass Index

**Is Patient More Than 50 Years Old?**
- **Yes**
- **No**

**Is Patient's Neck Size Large?**
- **Yes**
- **No**

**Clinical Estimate is Adequate.**
- For male, is shirt color 17 inches or larger when measured around Adam's Apple?
- For female, is shirt collar 16 inches or larger when measured around Adam's Apple?

**Is Patient Male?**
- **Yes**
- **No**

**Stop–Bang Questionnaire Total Score:**

Score: 0–4 = Low/Intermediate Risk of Obstructive Sleep Apnea
Score: 5–8 = High Risk of Obstructive Sleep Apnea – Please do the following:

*Notify Physician of suspected OSA and obtain order to initiate 'Obstructive Sleep Apnea, Adult SUSPECTED' and,
*Go to Discharge Routine and attach "General Discharge Guidelines (For Patients with Suspected Sleep Apnea)."

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PURPOSE: To provide guidelines for the identification and management of adult patients with known or suspected obstructive sleep apnea.

RESPONSIBILITY: Physicians, Nursing and Respiratory Therapy staff.

POLICY: Obstructive Sleep Apnea (OSA) is associated with frequent airway obstruction during sleep, and patients with OSA are at a higher risk of perioperative complications. Studies have shown a large percentage of patients presenting for elective surgery are at risk for OSA but are not diagnosed. Patients with untreated OSA have a higher risk of critical care admissions and hospital stays. This policy guides staff in identifying and treating patients with undiagnosed OSA to improve patient outcomes.

PROCEDURE:
1. On admission to the Same Day Surgery (SDS) department on day of surgery, patients undergoing elective surgical procedures are asked if they have been diagnosed with Obstructive Sleep Apnea (OSA).
2. For patients who report being diagnosed with OSA (KNOWN OSA), the nurse notifies the admitting physician for initiation of the Obstructive Sleep Apnea (OSA), Adult order, Respiratory Therapy is notified, and following surgery the patient is placed on home CPAP as per policy PCM 2205, CPAP/BiPAP, Use of Patient’s Own.
3. Patients who deny having been diagnosed with OSA in the past are administered the STOP-BANG Questionnaire to screen for risk of SUSPECTED OSA.
4. YES responses to between 5 and 8 STOP-BANG questions identify patients that may be at high risk for OSA (SUSPECTED OSA).
5. For patients with SUSPECTED OSA, the following measures are taken:
   a. The nurse informs the patient that they have been identified as at risk for SUSPECTED OSA, and provides the patient with educational material.
   b. The nurse notes OSA status and STOP-BANG score on SBAR form, notifies the admitting physician of patient risk, and obtains order to initiate the Obstructive Sleep Apnea (OSA), Adult order;
   c. PACU nurse notifies Respiratory Therapy of patient arrival in PACU.
d. The patient will be monitored with continuous oximetry / capnography. The
Respiratory Therapist evaluates and treats with a hospital-provided auto-
titratable positive pressure airway machine as indicated.
e. The PACU nurse informs receiving nurse of STOP-BANG score and other
related information during handoff process.
f. The Respiratory Therapist transfers equipment as necessary.

6. Nursing provides appropriate education and encourages follow up with PCP.
7. Case Management coordinates discharge care.

References:

Joint Commission Chapters: PC.01.02.01; PC.02.01; PC.04.02.01

Practice Guidelines for the Perioperative Management of Patients with Obstructive Sleep Apnea
An Updated Report by the American Society of Anesthesiologists Task Force on Perioperative
Management of Patients with Obstructive Sleep Apnea; Anesthesiology, V 120 • No 2 February
2014

Practice Recommendation 10 Obstructive Sleep Apnea in the Adult Patient; American Society
of PeriAnesthesia Nurses (ASSPAN) Perianesthesia Nursing Standards, Practice
Recommendations and Interpretive Statements 2015-2017

An Official American Thoracic Society Clinical Practice Guideline: Sleep Apnea, Sleepiness,
and Driving Risk in Noncommercial Drivers An Update of a 1994 Statement; Am J Respir Crit
Care Med Vol 187, Iss. 11, pp 1259–1266, Jun 1, 2013

High Stop-Bang score indicates a high probability of sleep apnoea; Br J Anaesth. 2012 May;
108(5); 768-775. F.Chung, et al.
Obstructive Sleep Apnea, Adult

KNOWN (DIAGNOSED) Obstructive Sleep Apnea
☐ Obtain signature on "CPAP/BiPAP use acknowledgment (Patient's own)" form for personal CPAP/BiPAP from home.
☐ CPAP/BiPAP Per Home Use - If home equipment unavailable or condition unsatisfactory, provide auto-titratable hospital equipment during stay. Educate patient on use.

SUSPECTED (STOPBANG QUESTIONNAIRE score 5 to 8) Obstructive Sleep Apnea
☐ CPAP Auto Titrator
☐ SOCIAL WORK/ CASE MNGT CONSULT - Arrange for sleep clinic appointment.

Nursing
☐ Head of Bed 30 degrees unless contraindicated.
☐ Sleep Apnea Instructions - Provide education on importance of CPAP/BiPAP use. Reinforce daily use while sleeping or napping.
☐ Provide Discharge Instructions for KNOWN or SUSPECTED Obstructive Sleep Apnea per discharge routine

Respiratory
☐ Capnography with Pulse Oximetry while patient receiving IV opiates and/or benzodiazepines or per policy.