Obstructive Sleep Apnea (OSA) both diagnosed and undiagnosed is increasing as the population ages and becomes more obese. Studies have shown that anesthetic and analgesic agents used during the perioperative period can depress pharyngeal tone and depress ventilatory responses to hypoxia and hypercapnia posing a higher risk for OSA patients. It is crucial that all Peri-operative staff learn to effectively identify this condition. Proper monitoring throughout the Peri-operative arena (Preoperative, Intra-operative and Postoperative) is crucial to prevent potential negative patient outcomes.

The OSA team is a multi-disciplinary team comprised of staff from Nursing, Medical, Respiratory, and Quality Improvement. An initiative plan and awareness campaign was developed. This initiative significantly improved the awareness of the Peri-operative staff to care for these patients. However, when it was first rolled out, approximately 99% of patients diagnosed with OSA were admitted to Intermediate Medical Care Unit (IMCU) post-operatively, regardless of their immediate post-operative respiratory status. A daunting task for Bed Board and PACU nurses since this resulted in a two to six hour delay for bed placement and not all patients with OSA or those at risk for OSA needed IMCU admission.

The team implemented many strategies for improvement including pre-surgical assessment for a history of sleep apnea or for risk factors associated with sleep apnea, implementation of the ASA (American Society of Anesthesiologists) scoring system, and the PACU OSA Assessment Form to determine the patient’s immediate post-operative respiratory status. PACU nurses were educated on the scoring system and partnered with the anesthesiologists in the OSA assessment, determining patient’s score and the appropriate level of care for the postoperative period.

The proactive discussion among Peri-operative staff and medical staff/anesthesiologists determined the OSA patients’ level of care as appropriate based on their respiratory progress/status in PACU. Modification in level of care is monitored without compromising patient safety. This partnership has resulted in the appropriate IMCU admissions for OSA patients while maintaining the same standard of care. It has decreased the burden of Bed Board to place all OSA patients in IMCU, eliminating the long bed placement waits for PACU patients, and helped to enhance overall bed flow in the hospital.