STOP-BANG: DO YOU HAVE OSA?
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Background
Complications of Obstructive Sleep Apnea (OSA) are known to include cardiovascular
dysfunction, arrhythmia occurrence and hypertension. The patient with suspected but
undiagnosed Obstructive Sleep Apnea who presents to the hospital/ambulatory setting for
outpatient surgery poses a challenge for the perianesthesia nurse. Adverse events that occur
intraoperatively as well as postoperatively may lead the nurse to suspect that the patient could
have OSA. Such events include difficulty achieving satisfactory pain relief due to pain/sedation
mismatch. Compromised airway issues can lead to reintubation or necessitate the use of aerosol,
BIPAP or ventilator devices in PACU.

Objectives of the Study
Could a screening tool be used to identify at risk individuals preoperatively? Could additional
intraoperative and postoperative factors be monitored to determine a correlation with the findings
of the preoperative screening tool? Could the screening information be used to educate the
patient so as increase the number of self-referrals to confirm a positive diagnosis of OSA through
polysomnography?

Process of Implementation
A multidisciplinary team was composed of Phase I and Phase II perianesthesia nurses and the
Coordinator of the Polysomnography Lab. The STOP-BANG tool was identified through the
literature review as a reliable and easy to use screening tool. It was enhanced to include data
elements from the intraoperative and immediate postop Phase I period. Patient education was
provided that resulted in self-referral to the Sleep lab.

Statement of Successful Practice
The STOP-BANG tool successfully identified a large volume of high-risk patients among all the
undiagnosed patients who presented for surgery. High scores on the prescreening STOP-BANG
assessments correlated with the occurrence of adverse events intraoperatively and immediately
postop in the PACU. Currently, self-referral information and polysomnography information
continues to be collected. However, all patients who self referred (100%) were confirmed
through polysomnography to have OSA.

Implications for Practice
Findings thus far support continued use of the enhanced STOP-BANG assessment tool.