USE OF THE EMR IN PREADMISSION TESTING TO IDENTIFY AND PLAN THE CARE FOR PATIENTS WITH SUSPECTED OBSTRUCTIVE SLEEP APNEA

Team Leaders: Paula R. Fotta, RN, MSN
WVU Healthcare, Morgantown, West Virginia
Team Member: Kimberly Wallace, RN, MSN, NP-C

Undiagnosed obstructive sleep apnea (OSA) may increase the risk of perioperative complications. Screening patients preop, has allowed us to identify and plan the care for these potential at-risk patients. The process begins in the Preadmission Unit using the STOP-BANG questionnaire. Patients scoring five or greater are noted to be at-risk for OSA. These patients are educated by the nurse practitioner (NP) on OSA. They are encouraged to follow-up with their primary care provider (PCP). Our electronic medical record (EMR) allows the nurse practitioner to generate a PAU Sleep Apnea letter to the patient’s PCP. This electronic letter instructs the PCP that the patient was screened for OSA and identified as a significant risk for moderate to severe OSA. It also offers the services of our sleep lab and physicians as a referral for this patient’s care.

Additional safe guards are implemented in the EMR for identification of these at-risk patients. The anesthesia evaluation completed by the PAU NP identifies the STOP-BANG score in their note. This alerts the anesthesiologist to the potential risk for respiratory complications and allows them to plan the care for this patient.

The PAU RNs make the following comments in the EMR to identify these patients on the operating room schedule:

- For patients with known OSA, “OSA”
- For patient’s with a positive STOP-BANG score, “SBQ”

These comments on the OR schedule were developed as a tool for all care providers to increase their awareness of the patient’s risk for respiratory complications.