

## **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.