

A TEAM APPROACH TO IMPROVING CARE FOR PATIENTS AT RISK FOR OBSTRUCTIVE SLEEP APNEA

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BACKGROUND:

Obstructive Sleep Apnea (OSA) is a syndrome characterized by periodic partial to complete obstruction of the upper airway during sleep. In the Post Anesthesia Care Unit (PACU), patients with OSA are at an increased risk for periods of apnea and respiratory depression, which often results in an extended stay in the (PACU). The STOP-Bang questionnaire is a tool consisting of 8 questions that screens for this syndrome. Patients with a score of ≥ 3 are considered to be at a high risk for OSA.

OBJECTIVES OF PROJECT:

The purpose of this study was to determine if patients with an OSA diagnosis or a STOP-Bang score of ≥ 3 can have a shorter PACU stay as a result of better communication within the surgical team and the implementation of a standardized plan of care.

PROCESS OF IMPLEMENTATION:

Initially, data were collected on 248 patients in the PACU to establish a baseline for the average length of stay a patient has based on their classification as a patient with a diagnosis of OSA, at high risk for OSA, or at low risk for OSA. After educating the staff and implementing a new standard of care for OSA patients, data were once again collected on 313 PACU patients.

STATEMENT OF SUCCESSFUL PRACTICE:

A new plan of care was implemented which included the use of EtCO₂ monitoring on all patients. A multi-modal approach to pain management was encouraged through the use of nonsteroidal anti-inflammatory medicines, and acetaminophen products along with lower doses of narcotics. Prophylactic antiemetic treatment was given to the patients preoperatively as needed. After implementing the new plan of care, the average stay in the PACU for the OSA patients was reduced by 4 to 6 minutes.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

The study demonstrates that better communication and a standardized plan of care for OSA patients can shorten their length of stay in the PACU.