IMPLEMENTATION OF OBSTRUCTIVE SLEEP APNEA SCREENING IN PRE-OPERATIVE AREAS

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Problem/Purpose: Obstructive sleep apnea (OSA) places patients undergoing surgery at risk for complications; however, a patient may be unaware he or she has OSA. Screening patients may prevent perioperative morbidity, difficult intubation, post anesthesia difficulties, and unplanned hospitalizations. Our purpose was to implement evidence-based strategy to screen Veterans for OSA in the ambulatory preoperative setting of a Veterans Affairs facility.

PICO: Does prescreening adult surgery patients for OSA versus no screening decrease the incidence of postoperative respiratory distress and LOS, while improving patient satisfaction?

Method: Veterans were pre-screened using the STOP-BANG screening tool while in the ambulatory preoperative area. We chose The STOP-BANG screening tool because of its simplicity and sensitivity (96.8% for AHI > 30) to OSA. Understanding the Veteran’s increased risk of OSA allowed PACU nurses to manage the case from a proactive stance and to use alternative forms of pain relief while minimizing the use of narcotics.

Outcomes: Our team monitored OSA patients as identified by the screening tool for frequency of Respiratory complications, frequency of unplanned intubation, failed extubation in OR, the percentage of patients with diagnosed and undiagnosed OSA, and any related complications related to OSA, and impact on length of stay. The project is ongoing.

Implications for perianesthesia nurses and future research: Screening patients for obstructive sleep apnea is an essential component of the perianesthesia process. Perianesthesia nurses will be able to monitor the patient and initiate post anesthesia management of the patient diagnosed or with suspected OSA. Further research on the obstructive sleep apnea patient can help improve the care he or she may receive in the perioperative setting.