

OBSTRUCTIVE SLEEP APNEA IN THE PERIOPERATIVE SETTING

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Patients with obstructive sleep apnea (OSA) are at increased risk of adverse respiratory outcomes after surgery. Identifying these patients is a priority in the perioperative setting. Nurses in the PACU initiated a project to identify patients at risk of perioperative complications related to diagnosed and undiagnosed sleep apnea. The goal was to screen all patients coming for surgery.

Team members were recruited including an anesthesiologist, a sleep medicine physician, respiratory therapy and the pre-anesthesia testing clinic staff. Using a validated tool the PACU nurses screened 100% of patients who presented for non-emergent surgery. Patients with known OSA were instructed to bring their CPAP machines in for surgery. Anesthesia and respiratory were notified if a patient arrived without their CPAP machine or who screened positive. Prompt use of CPAP in the PACU after surgery was implemented.

The outcomes of this work brought many benefits. High-risk patients are now identified and proactive planning for post-operative care is routine. By sharing our data we have improved the care of these patients in areas outside of the PACU. More patients bring their CPAP machines in for use in the hospital after surgery than before. By quantifying the need for respiratory resources we were able to obtain support for purchasing more equipment. Unplanned admissions related to undiagnosed OSA have been reduced. Our data has also helped with the development of our hospital protocol for perioperative care for this high-risk group (in development).