

LEADING THE WAY FOR OSA: GUIDING THE DEVELOPMENT AND IMPLEMENTATION OF A CLINICAL PROTOCOL FOR MANAGING PATIENTS

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Background information: Obstructive Sleep Apnea (OSA) is the repetitive partial or complete upper airway obstruction characterized by episodes of breathing cessation during sleep. Patients with OSA have increased incidence of perioperative morbidity, postoperative complications, difficult intubation, longer length of stay, and higher rates of admission to higher levels of care. Evidence based research demonstrates that patients experiencing complications during immediate postoperative period is predictive to overall outcome making vigilant monitoring in the post-anesthesia care unit (PACU) essential.

Objectives of project: Improve patient safety in the perioperative environment. Provide a consistent process to effectively screen at risk patients, and guide optimal management during perioperative period. Provide clinical staff and patient advanced education. Guide patient care for inpatient management beyond PACU.

Process of implementation: We decided to take the screening further beyond identification of risk to include safe patient management throughout perioperative hospitalization. To achieve this we established a multidisciplinary team to develop and implement evidence based practice protocol for OSA patients. Screening of adult surgical patients was initiated utilizing the STOP BANG tool. All patients screening positive were identified with specialized wrist bands. Protocol was initiated for patients that had sustained or recurrent hypoxemic event(s) in PACU. This included being placed on positive airway pressure therapy, initiation of continuous capnography, safe patient positioning, multimodal pain management and non-pharmacologic comfort measures. All patients who screened positive were provided specialized OSA discharge instructions on the crucial elements of risk and safety.

Statement of successful practice: During the first six months after implementing the protocol, a total of 3760 (100%) patients have been screened for OSA risk. Of those patients screened, 1824 (49%) screened positive. We have had a total of 74 patients that experienced recurrent hypoxemic events in PACU. All patients identified as at risk progressed safely to discharge and received education and instructions to follow up with primary physician and to schedule a sleep study.

Implication for advancing the practice of perianesthesia nursing: Advancing the practice beyond PACU and ensuring that our most at risk patients receive collaborative consultation with nursing, respiratory care specialist, and discharge planner to coordinate post discharge care including scheduling a sleep study.