OBSTRUCTIVE SLEEP APNEA: USING STOP BANG TO HELP PREVENT POST-OPERATIVE COMPLICATIONS

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Identification of the problem-Overview: Patients with obstructive sleep apnea (OSA) are at higher risk for fatal post-operative complications including: death, stroke, myocardial infarction, and respiratory failure. Upon investigating postoperative respiratory failure within our enterprise, it was determined that we were not identifying patients who were at risk for OSA complications.

EP Question/Purpose: The purpose was to conduct an evidence-based project to determine the gap between current practice and best practice standards to identify patients in the perianesthesia area that likely had OSA and thus, were at risk of developing OSA-related postoperative complications. Our goal was to implement an initiative that would educate perianesthesia nurses about the importance of screening for OSA, the high risk for developing postoperative severe or fatal complications, and interventions to mitigate complications of OSA.

Methods/Evidence: Review of the current literature was performed and best practices identified. Our review supported the STOP BANG tool for detecting OSA, a tool our facility already implemented. Over a 17 week period, data were collected to identify the number of inpatients being screened for OSA using the STOP BANG tool. Of an average of 1036 admitted weekly, 33% were screened for OSA, and of those screened, nearly 30% of patients scored greater than 5, indicating these patients were at risk for OSA. We presumably missed diagnosing OSA in 198 inpatients weekly.

Significance of Findings/Outcomes: We found that patients with a high risk of experiencing postoperative complications were not identified. To improve compliance using STOP BANG, our perioperative council provided educational sessions to nursing staff including the pathophysiology of OSA, potential complications, and the evidence-based standards for detecting OSA. Our standard is all perioperative patients are to be screened using the STOP BANG tool. After randomly auditing charts to determine compliance, nearly 61% of perioperative patients are being screened while 78% of patients not being screened are inpatients.

Implications for perianesthesia nurses and future research: All perioperative patients should have a required OSA screening using the STOP BANG Tool. Patients need to be educated about the possible complications of surgery related to OSA and seek professional help when identified.