

**AN EVIDENCE BASED PRACTICE PRESCHOOLING STUDY ON OBSTRUCTIVE SLEEP APNEA:
TRANSLATING THE EVIDENCE TO PRACTICE**

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Overview: Screening for obstructive sleep apnea (OSA) in pre-sedation and pre-anesthesia patients is vital (Auckley & Bolden, 2012). As many as 93% of the patients with OSA potentially go unidentified because of the costs for testing, equipment, time required for patients to undergo polysomnogram and the dissatisfaction with the use of continuous positive airway pressure (CPAP) devices (persuade, 2010). The preoperative plan of care should include risk factors that will impact patient outcomes. Consequently, the preoperative nursing staff identified the need to prescreen patients undergoing anesthesia or sedation for surgical procedures. The preoperative setting is a fast-paced, rapid turnover area where nursing assessments need to be focused, efficient, and completed within a limited time frame. In order not to hold up the preoperative patient flow, nurses requested that the OSA screening tool be easy to use and accurate in identifying those patients at high risk for OSA.

EP Question: What are the best tools for prescreening adult surgical patients for OSA prior to receiving anesthesia or sedation?

Methods/Evidence: A systematic literature search was performed to identify all studies published in the last 5 years that investigated the association of preoperative screening for OSA in the undiagnosed surgical population. Electronic data bases, including PubMed, EMBASE, CINAHL, and SCOPUS were searched using the combination of the following terms: 'preoperative,' 'pre-procedure,' 'screening,' 'prescreening,' 'obstructive sleep apnea,' 'OSA,' The reference lists from relevant publications were also checked for additional publications that might be appropriate for inclusion in this EBP study. The original online search found 123 articles. Those articles were reviewed and 43 articles were selected for further consideration that related to OSA prescreening tools. Finally, 19 articles were selected as they directly related to the OSA PICO question. These articles were appraised by 3 independent reviewers from each of the 9 Johns Hopkins Hospital Prep/PACUs and 5 of the articles were rejected and not included in the final 14.

Outcomes: After leveling the evidence, the PACU SOC members recommended to integrate the STOPBANG screening tool into the preoperative nursing assessment.

Future research will determine if STOPBANG will improve the identification of adult surgical patients who are high risk for OSA and decrease the number of postoperative adverse respiratory events.