

EVIDENCE-BASED POST ANESTHESIA CARE UNIT PRACTICE GUIDELINES FOR DETERMINING LENGTH OF STAY AND DISCHARGE LOCATION FOR SURGICAL OBSTRUCTIVE SLEEP APNEA PATIENTS

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Identification of the problem – Overview: Obstructive sleep apnea (OSA) is the occurrence of \geq five apnea/hypopnea episodes in an hour accompanied by oxygen saturation decrease. The American Society of Anesthesiology (2014) recommends OSA patients have extended stay in Post Anesthesia Care Unit (PACU) but no specific guidelines were offered on length of stay. In our own facility, no specific policy existed and questions were raised as to what is the best practice.

EP Question/Purpose: The PICO question: Among OSA patients (P), does length of stay in PACU based on predetermined risk factors or on individual clinicians' clinical judgment (I/C) result in appropriate transfer to monitored bed (O)?

Methods/Evidence: A literature review regarding practices on managing OSA surgical patients was conducted in addition to utilization of previous research findings by the PI (EL) and Co-Investigator (JSD). In collaboration with an anesthesiologist colleague (US) at our facility, guidelines were developed.

Significance of Findings/Outcomes: Three levels of patient classification were developed. Low risk Level 1 patients include with fewer than 2 risk factors on STOP questionnaire; BMI < 35 kg/m²; ASA class < ASA III; No desaturations during PACU stay (need to be on Room air for at least 1h); Able to maintain airway patency and saturation levels without stimulation from PACU staff; No opioid use after 30 min in PACU. Level 1 patients may be discharged home or the med-surg floor. Level 2 patients include 2 risk factors on STOP questionnaire; BMI \geq 35 kg/m²; ASA III or higher; Occasional, transitory desaturations that resolve quickly; Opioid use in PACU after initial 30 min. Level 2 patients may be discharged to home/floor after 2 or more hours in PACU if cleared by anesthesiologist. Level 3 patients, exhibit characteristics similar to level 2 but require more airway support during PACU stay. After 3 hour stay in PACU, these patients are admitted to monitored beds.

Implications for perianesthesia nurses and future research: The development of these guidelines based on our own research and literature review will define safer ways to manage surgical, OSA patients. The interdisciplinary collaboration with anesthesiologists is crucial to have the perianesthesia team communicating clearly about patient needs. Implications for future research include testing the effectiveness of these guidelines.