A Retrospective Analysis to Analyze Health Data and OSA Risk in Women

Primary Investigator: Kimberly Latham BSN RN CCRN The Christ Hospital Health Network, Cincinnati, Ohio

Co-Investigators: Tamera Bird BSN RN CCRN, Brenda Johnson MSN RN, Victoria Roelker RRT,
Mark Scherer BSN RN

Introduction: At our institution, the STOP BANG tool is used to screen patients preoperatively for OSA risk. Each "yes" answer is issued one point. For a score of 5 on the 8 point scale, the patient would be monitored on capnography post operatively.

Identification of the problem: Woman who score 4 on the 8 point scale do not meet the criteria for capnography. Based on the STOP BANG tool, male gender receives one point. PACU staff nurses recognized women who scored a 4 were having episodes of desaturations and apnea while in the PACU.

Purpose of the Study: The purpose of this study is to examine the clinical outcomes of female patients screened for OSA using the STOP BANG tool who did not qualify for capnography(due to a score of 4 rather than 5, based on female gender alone) compared to men who qualified for capnography(due to score of 5).

Methodology: The incidence of OSA is reportedly higher in men than women. As a result, women screened for OSA using the STOP BANG tool are automatically assigned a one point deduction based on gender alone. There may be insufficient evidence to support the difference in OSA scoring between men and women. This study will use a retrospective chart review, over a two year span, to examine the medical records of patients who were screened for OSA preoperatively at our institution. Data will be analyzed for select indicators which are linked to overall health status following surgery.

Results: The data is being collected at this time. We speculate the results will demonstrate that all women with a score of 4 should have capnography monitoring for safe patient care post operatively.

Discussion: To determine if women who score a 4 have similar post op issues as men who score a 5.

Conclusion: Data is still being collected at this time.

Implications for perianesthesia nurses and future research: If the data reveals that women have respiratory complications due to undiagnosed OSA compared to men, a change in practice would be needed.