OBSTRUCTIVE SLEEP APNEA ASSESSMENT – ADULT

Has the patient been diagnosed with or is being treated for obstructive sleep apnea?

☐ Yes – **Go to High Risk Directive**

☐ No – Continue assessment below

HISTORY

- ☐ Snoring (loud, frequent)
- ☐ Witnessed apnea
- ☐ Awakens from sleep with choking sensation
- ☐ Frequent arousals from sleep

____ **History Score**

SOMNOLENCE

- ☐ Sleepiness/fatigue despite adequate sleep
- ☐ Falls asleep easily in a non-stimulating environment (reading, watching TV, driving)

____ **Somnolence Score**

PHYSICAL CHARACTERISTICS

- ☐ BMI ≥35 kg/m2
- ☐ Craniofacial abnormalities affecting airway
- ☐ Neck circumference ≥17"men, ≥16" women

____ **Physical Characteristics Score**

High Risk Rating — *1 or more in 2 categories (History, Somnolence & Physical Characteristics)*

- ☐ Yes – **Go to High Risk Directive**
- ☐ No

HIGH RISK DIRECTIVE

- ☐ (Inpatient/Observation) Initiate Sleep Apnea Protocol
- ☐ (Pre-Admission Testing) RT Sleep Apnea Consult
- ☐ (Day of Surgery/Procedure) RT Sleep Apnea Consult

_____ _____

Physician's Signature *Date*

OBSTRUCTIVE SLEEP APNEA ORDERS

OUTPATIENT

Outpatient surgical/procedure patients may be discharged home if O_2 Sats maintained at baseline over 3 hours with no documented apneic events, other discharge criteria are satisfied and with concurrence of:

(1) anesthesiologist for surgical patients that have been cared for by the anesthesia care team

(2) attending physician for surgical patients who receive sedation from the attending physician

INPATIENT

Any surgical/procedure patient or any patient with intravenous PCA narcotics – Admit to floor with centralized pulse oximetry/cardiac telemetry or admit to floor and place patient in room close to nurses' station with cardiac telemetry, continuous pulse oximetry monitoring. Q15 minute patient (SpO_2/Respiratory Rate) checks by a Respiratory Therapist until patient is able to maintain O_2 Sat at baseline while asleep through a sleep cycle (minimum 3 hours) or at least 7 hours after an apneic episode and with stable medication regimen.

Assessment/Treatment

1. RT Sleep Apnea Consult.
2. Pulse Oximetry monitoring upon admission to floor until patient is able to maintain O_2 Sat at baseline while asleep with stable medication regimen.
3. Lateral position of head of bed ↑ 30° unless contraindicated by procedure or physician order. Avoid using more than 1 pillow.
4. CPAP settings per RT protocol if indicated.
5. Consider supplemental O_2 to keep SA O_2 greater than 90% or per physician order, while asleep.
6. Weaning of oxygen per RT protocol.
7. Place **HIGH RISK OBSTRUCTIVE SLEEP APNEA** sign above patient's bed.

Meds

1. No continuous basal rate PCA. Demand PCA only.
2. No sedatives unless ordered by admitting physician or attending physician. Anesthesia may order sedatives in PACU.
3. If a patient has an epidural ordered, no narcotics, sedative or hypnotics (i.e. sleeping pill) may be ordered unless approved by Anesthesia.

Notification

1. Contact attending physician immediately for further orders if patient refuses CPAP, O_2 or monitor.

_____ _____

Physician's Signature *Date*

OUTPATIENT DISCHARGE INSTRUCTIONS FOR OBSTRUCTIVE SLEEP APNEA PATIENTS

1. Taking opiate analgesics will increase the carbon dioxide in your body secondary to respiratory depression or slowing your rate of breathing. Patients with sleep apnea are worse because of their elevated carbon dioxide associated with their sleep patterns. Using your CPAP or BiPAP is imperative. If you have been prescribed CPAP or BiPAP, but have stopped using it, you should start using it again as long as you are taking the opiate analgesics.

2. Pain medications should be taken as prescribed. Taking more medication than prescribed can be extremely dangerous and life threatening. If the prescribed medication does not adequately address your pain, please contact your surgeon's office.

3. Refrain from consuming alcoholic drinks while taking pain medications. The combination of alcohol and pain medications can be extremely dangerous and life threatening. Other medications, especially sleeping pills, anti-anxiety medications and other pain medication may be dangerous when used in combination with your post-op pain medications. Consult your surgeon's office or pharmacy before combining any medications.

4. The combination of post-op pain medications, unauthorized medications, marijuana, or illicit substances is extremely dangerous and life threatening.

5. When taking post-op pain medications someone should be with you at your home for the first 24 hours. Ask your family members or caregivers to report any signs of breathing difficulties to your surgeon's office or in the event you can not be awakened to call 911.

I acknowledge that I have read this form, or had it read to me, that I understand the risks associated with not following the discharge instructions, and that I had ample time to ask questions and to consider my decisions.

_____ _____

Patient or Patient's Representative Signature *Date*