Score that Snore: Proactive Nursing Identification of Obstructive Sleep Apnea in Surgical Patients

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Introduction: Surgical patients with undiagnosed Obstructive Sleep Apnea (OSA) are at an increased risk for post-operative complications of respiratory distress and over sedation. Early identification of undiagnosed OSA can mitigate future risks of post-operative adverse events.

Identification of the problem: In 2020, 22% of RRT events occurring within 24 hours of transfer from PACU to inpatient units were related to over sedation and respiratory issues. Retrospective assessment of these patients indicate 50% would have a STOP BANG score of ≥ 3 (moderate to severe OSA risk) while 88% of these patients had no prior OSA diagnosis. Current practice excludes preoperative screening for OSA risks among surgical patients.

EBP Question/Purpose: PICO question - In adult surgical patients does a preoperative STOP BANG assessment to identify undiagnosed OSA compared to no assessment reduce post-operative rapid response (RRT) events of respiratory distress and over sedation? **Databases utilized** - PubMed, CINHAL

Methods/Evidence: Preoperative nurses assess patient risk for OSA using the STOP BANG questionnaire. Moderate to high-risk patients (STOP BANG score ≥ 3) are identified. Nurses notify providers prior to surgery. Post-operatively, PACU nurses implement interventions such as oxygenation, patient positioning, multimodal pain relief, and, if needed, extended monitoring in these moderate to high risk OSA patients.

Significance of Findings/Outcomes: Results are pending. Anticipate reduction in RRT events of respiratory distress and over sedation in postoperative patients transferred within 24 hours from PACU to inpatient units. Introduces new perioperative practice of proactive identification of pre-surgical patients with moderate to severe OSA risk which allows for intra-and post-operative interventions that prevent adverse events. Standardizes best practices in perioperative services across multi-hospital healthcare system.

Implications for perianesthesia nurses and future research: Proactive early identification of high risk undiagnosed OSA patients by preoperative nurses can ensure coordinated medical and nursing interventions at all stages of the perioperative process.