Date: _____________________  Time: ____________

**PACU ORDERS: PATIENTS WITH DIAGNOSED OR SUSPECTED SLEEP APNEA**

(items with check boxes must be selected to be ordered)  (Page 1 of 1)

**Diagnosis & PAP therapy**

- **Diagnosed** sleep apnea
  - [ ] severe on CPAP preoperatively  ➞ apply device in PACU if drowsy/sleeping
  - [ ] moderate on BiPAP preoperatively
  - [ ] mild on PAP preoperatively
  - [ ] unknown severity
  - [ ] not on PAP preoperatively
  - [ ] non-compliant,  or  [ ] not recommended

- **Suspected** sleep apnea  ➞ sleep apnea assessment required
  ➞ [ ] referred to UBC Sleep Disorders Program,  or
  ➞ [ ] instructed to see GP for further arrangements

- [ ] Respirology consult* for assessment and treatment if:
  - [ ] PAP therapy newly required postoperatively,  or
  - [ ] hypoxemic or hypercarbic respiratory failure

*as long as the patient remains in a monitored bed, the Respirology consult does not necessarily have to occur in the PACU

**PACU sleep apnea protocol**

- semi-upright or lateral position, PAP application if ordered & monitor for respiratory events
- extended PACU stay:
  ➞ for at least 1 h after standard PACU discharge criteria met (this requirement elapses after 3 hrs of post-extubated stay in the PACU)
  - [ ] 1 h extended stay waived (only if Baseline Risk not increased - see reverse side)
  - and
  ➞ for at least 1 h after last respiratory event (unless transferred to a monitored bed),
  - and
  ➞ [ ] until spinal anesthesia regressed below surgical incision (order if pain management challenge expected, unless transferred to a monitored bed)

- prior to transfer from PACU:
  ➞ notify Anesthesiologist of:
    - respiratory events (apneas of at least 10 s, RR less than 8/min, desaturations to less than 90%, or airway obstruction interventions)
    - significant opioid requirement &/or sedation level
    - unstimulated baseline room air SpO2 less than 90% &/or PaCO2 more than 50 mm Hg
    ➞ O2 supplementation may prolong apneas, exacerbate hypercapnea & hinder detection of respiratory deterioration by SpO2
  ➞ obtain discharge clearance from Anesthesiologist (not required if 1 h extended PACU stay waived by Anesthesiologist)
  ➞ contact Respiratory Therapy for follow-up of all inpatients on PAP therapy

**Safe transfer of care: Consider Baseline Risk and Postoperative Indicators** (see reverse side)

- **Baseline Risk:**
  - [ ] significantly increased  ➞ monitored bed (regardless if Postoperative Indicators present or not)
  - [ ] not significantly increased  ➞ monitored bed if Postoperative Indicators present (use clinical judgment)

**Final decision regarding appropriate postoperative disposition made by Anesthesiologist, after getting report from PACU Nurse**
STOP-Bang Questionnaire: Screening Tool for OSA

Postoperative risk of complications from OSA: Baseline Risk & Postoperative Indicators

A. Baseline Risk Score: add greatest score under either column A or B, to greatest score under either column C or D
   = adaptation of the OSA scoring system proposed by the 2006 ASA Task Force on the Perioperative Management of OSA
   - can be predicted preoperatively & updated postoperatively
   - meant only as a guide, & clinical judgment should be used to assess the risk of an individual patient

   ![STOP-Bang Questionnaire Diagram]

   **Severity OSA**:  
   - **Diagnosed OSA**: 1 point may be subtracted from the OSA severity score if patient compliant with PAP therapy preoperatively, & appliance used consistently postoperatively  
   - **Suspected OSA**: a STOP-Bang score ≥ 5 indicates a high probability of moderate/severe OSA  
   - if history of apneas that are frightening to the observer, or patient regularly falls asleep within minutes after being left unstimulated, in which case patient should be treated as though s/he has severe OSA

   **Severity Comorbidities**:  
   - 3: Respiratory failure*, or other severe cardio-respiratory comorbidities
   - 2: Moderate OSA
   - 1: Mild OSA

   **Impact Surgery & Anesthesia**:  
   - Airway or major surgery, under GA: 3
   - Superficial or peripheral surgery, under GA: 2
   - Superficial or peripheral surgery, under local or regional anesthesia, with moderate sedation: 1
   - Low dose PO: ≤ oxycodone 10 mg Q4H ≤ hydromorphone 4 mg Q4H ≤ codeine 60 mg Q4H

   **Postoperative Opioid Requirement**:  
   - Exceeds low dose PO, or Parenteral, or Neuraxial: 3
   - No opioids: 0

   **Minimum Observation Level**:  
   - Monitored bed: (.) not ↑
   - Ward: (.) significantly ↑
   - Home: *continuous pulse oximetry & possibility of early nursing intervention, e.g. PACU, SDU or other Critical Care Unit

B. Postoperative Risk Indicators (monitored bed indicated, irrespective of Baseline Risk Score):
   - recurrent respiratory events (apneas ≥ 10s, or bradypneas < 8/min, or desaturations to < 90%, or airway obstruction interventions)
   - newly required PAP therapy
   - respiratory failure (baseline room air SpO2 < 90%, or increasing FiO2 requirement, or PaCO2 > 50 mmHg)
   - significant risk of myocardial ischemia or dysrhythmia (cardiac monitoring indicated)
   - opioid or sedative requirement not stabilized (including uncontrolled pain or delirium)
   - pain-sedation mismatch (high pain & sedation scores concurrently)