## A. Screening for OSA risk

### If the patient meets 2 or more of the following criteria, a STOP-BANG questionnaire should be done

- Snoring
- Witnessed apnoea
- •Choking sensation which causes patient to wake from sleep
- •Two or more anti-hypertensives
- •BMI > 30

Or any patient in whom there is a suspicion of SDB based on clinical judgement.

\*Further simple investigations include

CBC

Renal function

HbA1c

Venous bicarbonate. ≥27 should prompt consideration of obesity hypoventilation syndrome (OHS)

ECG – looking for arrhythmias or right heart strain

S	When sleeping: do you <b>SNORE</b> loud enough to be heard through closed doors or does your partner elbow you for snoring			
T	During the day: Do you often feel <b>TIRED</b> , sleepy, fatigued or fall asleep while driving or talking to someone			
0	When you are asleep: Has anyone <b>OBSERVED</b> you stop breathing, choke or gasp			
P	Do you have, or are you being treated for high BLOOD <b>PRESSURE</b>			
В	Is your <b>BMI</b> greater than 35			
Α	Are you older than 50 years of <b>AGE</b>			
N	Is your <b>NECK</b> measurement bigger than 40cm			
G	GENDER – are you male			

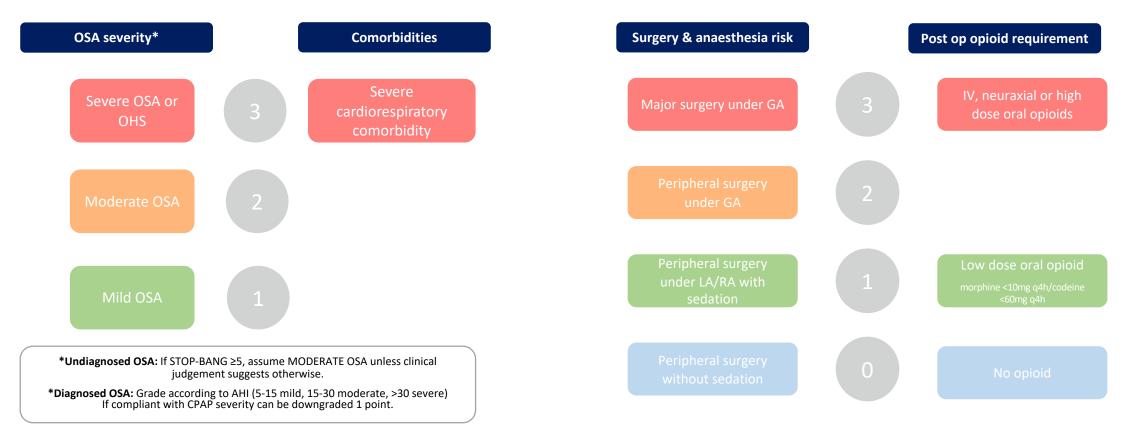
A STOP-BANG score of ≥5\* indicates increased probability of moderate to severe OSA – **go to step B** 

## B. Assessment of perioperative OSA (pOSAr) risk score to guide perioperative care

#### Patient risk factors

#### Procedural risk factors

Add the **single** greatest patient risk factor score, to the **single** greatest procedural risk factor score. If > 3 patient is at **elevated risk** of perioperative events – **go to step C** 



# C. Recommended perioperative care in patients with elevated perioperative OSA risk (pOSAr)

Calculate **risk score** from chart A. If >3 the following elements beyond standard care should be applied.

pOSAr	Postoperative Risk	Anaesthesia*	PACU	Postoperative care
5-6	Significantly increased	Anticipate difficult airway: intubation and extubation  Local/Regional	Anaesthetist led analgesia plan  Consider PAP in PACU	OSA monitored bed†  Airvo2
		anaesthesia where possible	and inform staff early if required.	overnight if no CPAP
		Avoid or minimise long acting opioids and sedatives	Modified PACU discharge criteria **  Apply oximetry in PACU prior to ward transfer. Set alarm limit (default >90%)	Prescribe O2 to SpO2 target overnight.
4	Increased		Standard Care	Ward
2-3	Not increased		Standard Care	Home

<sup>\*</sup>see full guideline for comprehensive list

### The following conditions in PACU increase pOSAr by one point

- Evidence of upper airway or ventilatory compromise
  - Loud snoring
  - Apnoea > 10 seconds
  - Recurrent bradypnoea <8 breaths/min</li>
  - Recurrent hypoxaemia < 90%
  - Hypercapnia PaCO<sub>2</sub> >50
- Pain-sedation mismatch

## \*\* Any patient with a pOSAr ≥5 should remain in PACU postoperatively until the following criteria are met

- 60min after PACU discharge criteria are met
- Until spinal anaesthesia has regressed below the surgical incision

<sup>†</sup>continuous alarmed oximetry, hourly observations (SpO2, RR, pain and sedation scores) 1<sup>st</sup> night post op pOSAr ≥5 must be documented on cortex at the earliest opportunity to allow appropriate ward staffing.