



OBSTRUCTIVE SLEEP APNEA (OSA) PERIOPERATIVE ORDERS

(This is a supplement to the usual unit/surgery-specific postoperative orders)

ADDRESSOGRAPH

Please check (✔) only the appropriate boxes (□), fill in the blank(s) as needed, sign where required.				
DATE	TIME	ORDERS		
		Center for Preoperative Assessment and Planning		
		☐ Consult sleep medicine for new or presumed diagnosis of OSA (Pager: 253-1902).		
		□ Notify in-patient sleep medicine patient with OSA of pending surgery (Pager: 253-1902).		
		☐ Obtain ☐ arterial ☐ venous blood gas as part of preoperative labs.		
		☐ Document oxygen saturation off oxygen (baseline oxygen saturation) in patient's chart.		
		☐ Obtain polysomnography report from the sleep laboratory where patient was tested.		
		☐ Obtain CPAP or BIPAP settings from the sleep laboratory where patient was tested.		
		MD/LIP: SIGNATURE REQUIRED PRINTED NAME REQUIRED		
		SIGNATURE REQUIRED PRINTED NAME REQUIRED		
		☐ Above orders completed by on (date)		
DATE	TIME	Post-Anesthesia Care Unit		
		□ Notify respiratory therapy (Pager: 848-8116) that patient with OSA is in PACU.		
		☐ Supplemental oxygen as per anesthesiologist's orders.		
		☐ If not contra-indicated, position patient on side or reverse-Trendelenberg.		
		\square Record saturations while unstimulated or asleep (on O_2). If saturation below 90%, alert MD, obtain ABG		
		(or venous gas).		
		☐ Record respiratory rate while unstimulated or asleep. Call MD if less than 10/minute.		
		☐ Observe breathing pattern while unstimulated or asleep. Call MD if signs of obstruction.		
		\square Obtain 3 O_2 saturation readings 15 minutes apart off O_2		
		a. Discontinue supplementary O ₂ for 3 minutes		
		b. If saturation decreases below 90% restart O₂ , alert MD, obtain ABG (or venous gas).		
		Start patients home CPAP or BiPAP machine on home settings and home fittings.		
		Apply "OSA Risk" purple bracelet prior to discharge from PACU.		
		☐ Check ABG (or venous gas) at least 15 minutes prior to planned discharge.		
		A north acid acid.		
		Anesthesiologist: Pager # Pager #		
DATE	TIME	PACU to Floor Transfer/Transport Orders		
		☐ Supplementary O ₂ : Specify:		
		☐ If not contra-indicated, position on side or reverse-Trendelenberg.		
		☐ Continuous oximetry.		
		☐ Trained staff (e.g. PACU nurse) to accompany fully awake patient.		
		☐ Handover to the nurse that will be caring for the patient including documentation of the OSA risk.		
		A months of the state		
		Anesthesiologist: Pager # Pager #		

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Please	check	(\checkmark) only the appropriate boxes (\Box) , fill in the blank(s) as needed, sign where required.
DATE	TIME	ORDERS
		Postoperative Orders for patients with OSA on the floor or in ICU
		☐ Apply "OSA Risk" purple bracelet if not yet applied.
		☐ Place "OSA Risk" sign at the head of the bed.
		☐ If not contraindicated, position patient on side or reverse-Trendelenberg.
		☐ Supplementary O ₂ : Specify:
		\square Discontinue supplementary O_2 when room air saturation back to baseline percent:%.
		☐ Continuous oximetry with high-level alarm and notification system for oxygen saturation less than 90%.
		☐ Continuous oximetry while patient is on opioid medications.
		☐ Notify physician for oxygen saturation less than 90%.
		☐ Discontinue oximetry when no desaturation below 90% for a 24 hour period.
		☐ Continuous respiratory rate monitoring with high-level alarm and notification system.
		\square Document O_2 saturation off O_2 as part of routine vital signs.
		a. Discontinue supplementary O_2 for 3 minutes.
		b. If saturation decreases below 90%
		Restart oxygen immediately.
		Record the time to desaturation.
		Alert medical staff.
		☐ Arterial blood gas.
		☐ Sleep medicine (Pager: 253-1902) or ICU consult.
		☐ CPAP or BiPAP with supplementary oxygen:
		1. Patient with confirmed OSA, who use CPAP or NIPPV at home, and asleep/in bed:
		\square cmH ₂ O CPAP or \square cmH ₂ O IPAPcmH ₂ O EPAP with \square L/Minute O ₂
		2. Patient diagnosed with OSA by sleep medicine, and asleep/in bed:
		\square cmH ₂ O CPAP or \square cmH ₂ O IPAPcmH ₂ O EPAP with \square L/Minute O ₂
		Respiratory therapy may facilitate CPAP or BIPAP (Pager: 848-8116).
		Physician: Pager # Printed Name required
		SIGNATURE REQUIRED PRINTED NAME REQUIRED

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