

**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
		<p>Center for Preoperative Assessment and Planning</p> <p><input type="checkbox"/> Consult sleep medicine for new or presumed diagnosis of OSA (Pager: 253-1902).</p> <p><input type="checkbox"/> Notify in-patient sleep medicine patient with OSA of pending surgery (Pager: 253-1902).</p> <p><input type="checkbox"/> Obtain <input type="checkbox"/> arterial <input type="checkbox"/> venous blood gas as part of preoperative labs.</p> <p><input type="checkbox"/> Document oxygen saturation off oxygen (baseline oxygen saturation) in patient's chart.</p> <p><input type="checkbox"/> Obtain polysomnography report from the sleep laboratory where patient was tested.</p> <p><input type="checkbox"/> Obtain CPAP or BIPAP settings from the sleep laboratory where patient was tested.</p> <p>MD/LIP: _____ <small>SIGNATURE REQUIRED</small> <small>PRINTED NAME REQUIRED</small></p> <p><input type="checkbox"/> Above orders completed by _____ on _____ (date)</p>
		<p>Post-Anesthesia Care Unit</p> <p><input type="checkbox"/> Notify respiratory therapy (Pager: 848-8116) that patient with OSA is in PACU.</p> <p><input type="checkbox"/> Supplemental oxygen as per anesthesiologist's orders.</p> <p><input type="checkbox"/> If not contra-indicated, position patient on side or reverse-Trendelenberg.</p> <p><input type="checkbox"/> Record saturations while unstimulated or asleep (on O₂). If saturation below 90%, alert MD, obtain ABG (or venous gas).</p> <p><input type="checkbox"/> Record respiratory rate while unstimulated or asleep. Call MD if less than 10/minute.</p> <p><input type="checkbox"/> Observe breathing pattern while unstimulated or asleep. Call MD if signs of obstruction.</p> <p><input type="checkbox"/> Obtain 3 O₂ saturation readings 15 minutes apart <i>off</i> O₂</p> <p> a. Discontinue supplementary O₂ for 3 minutes</p> <p> b. If saturation decreases below 90% restart O₂, alert MD, obtain ABG (or venous gas).</p> <p><input type="checkbox"/> Start patients home CPAP or BiPAP machine on home settings and home fittings.</p> <p><input type="checkbox"/> _____ cmH₂O CPAP <i>or</i> <input type="checkbox"/> _____ cmH₂O IPAP _____ cmH₂O EPAP with <input type="checkbox"/> _____ L/Minute O₂</p> <p><input type="checkbox"/> Apply "OSA Risk" purple bracelet prior to discharge from PACU.</p> <p><input type="checkbox"/> Check ABG (or venous gas) at least 15 minutes prior to planned discharge.</p> <p>Anesthesiologist: _____ Pager # _____ <small>SIGNATURE REQUIRED</small> <small>PRINTED NAME REQUIRED</small></p>
		<p>PACU to Floor Transfer/Transport Orders</p> <p><input type="checkbox"/> Supplementary O₂: Specify: _____</p> <p><input type="checkbox"/> If not contra-indicated, position on side or reverse-Trendelenberg.</p> <p><input type="checkbox"/> Continuous oximetry.</p> <p><input type="checkbox"/> Trained staff (e.g. PACU nurse) to accompany fully awake patient.</p> <p><input type="checkbox"/> Handover to the nurse that will be caring for the patient including documentation of the OSA risk.</p> <p>Anesthesiologist: _____ Pager # _____ <small>SIGNATURE REQUIRED</small> <small>PRINTED NAME REQUIRED</small></p>



