Obstructive Sleep Apnea (OSA) Identification and Risk Assessment in Perioperative Adults

Section I. IDENTIFY PERIOP OSA
(By surgeon/family physician)

STOP-BANG QUESTIONNAIRE:

1. Snoring
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
☐ Yes  ☐ No

2. Tired
Do you often feel tired/fatigued/sleepy during daytime?
☐ Yes  ☐ No

3. Observed
Has anyone observed you stop breathing during sleep?
☐ Yes  ☐ No

4. Blood Pressure
Do you have/are you treated for high blood pressure?
☐ Yes  ☐ No

5. Body Mass Index (BMI)
BMI ≥ 35 kg/m²: consider Pre-Admission Clinic appointment.
BMI > 40 kg/m²: Pre-Admission Clinic appointment required.

6. Age
Age over 50 years?
☐ Yes  ☐ No

7. Neck Circumference
Neck circumference > 40 cm?
☐ Yes  ☐ No

8. Gender
Male gender
☐ Yes  ☐ No

OSA Risk  ☐ High (PAC referral required)
☐ Low

Reason for Risk Assignment
☐ Answering YES to ≥ 3 items (high)
☐ Answering YES to < 3 items (low)
☐ Previously Diagnosed OSA
☐ AHI* (if known)
☐ Clinical judgment*

Section II. PERIOP RISK Due TO OSA: ASA’s OSA SCORE
(By anesthesiologist/PAC)

A. OSA Severity
(by AHI for known OSA. If no study, use clinical judgement. Default to severe if uncertain.
☐ None  0
☐ Mild  (5 - 15 events/hour) ...................... 1
☐ Moderate (15 - 30 events/hour) .................. 2
☐ Severe  (> 30 events/hour) ...................... 3

A. points: __________ (0 - 3)
(Deduct 1 point if CPAP used pre & postop)

B. Type of Surgery and Anesthetic
☐ Superficial/local/block/no sedation ............. 0
☐ Superficial/mild sedation or GA ............... 1
☐ Peripheral/neuroaxial/moderate sedation ...... 1
☐ Peripheral/GA ................................... 2
☐ Airway/moderate sedation ....................... 2
☐ Airway/GA (or neuroaxial with epimorph) .... 3
☐ Major/GA (or neuroaxial with epimorph) ...... 3

B. points: __________ (0 - 3)

C. Postoperative opioid requirements
☐ None .............................................. 0
☐ Low-dose oral .................................. 1
☐ High-dose oral/parenteral/neuraxial .......... 3

C. points: __________ (0 - 3)

TOTAL POINTS = PERIOP RISK
A __________ plus greater of B or C __________

TOTAL RISK SCORE: __________ (0 - 6)*

(*See over for risk score and management options)


FORM # W-00255  06/09
Guidelines: Obstructive Sleep Apnea (OSA)

Interpretation of Risk Score, OSA Care Area and Discharge Guidelines

Risk Score ≤ 3
1. Low risk for perioperative OSA complications
2. Can be a day surgery case.
3. Rarely requires continuous postoperative monitoring.

Risk Score 4
1. Increased risk of perioperative OSA complications
2. Requires careful evaluation.
3. May require overnight admission.
4. May require continuous postoperative monitoring (see 4 below).

Risk score ≥ 5
1. High risk for perioperative OSA complications.
2. Requires admission.
3. Requires continuous postoperative monitoring as long as patient is at risk.
   a. Care supported in step-down unit or an OSA Postoperative Care Area* with appropriate equipment (pulse oximeter, airway supplies, and drugs); OR
   b. Continuous observation by a dedicated trained health care provider.

4. Transfer from OSA monitoring area should occur (by attending physician) only when
   • Baseline saturation status has been reached and is stable
   • At most, low-dose oral narcotics are required
   • There are no observed episodes of airway obstruction in the previous 12 hours.
   
   Consider consult to Internal/Respiratory Medicine if above criteria are not met.

5. Discharge home (by attending physician only) can be considered if:
   • Patient does not become hypoxic or develop airway obstruction while breathing room air in a non-stimulating environment AND
   • The patient requires no or only low-dose oral narcotics.
   Consult Internal/Respiratory Medicine if above criteria not met.

* These are guidelines only; individual clinical judgment of the attending physician will make the final determination.

Day Surgery Patients diagnosed with OSA or an indication of significant probability of OSA.

1. Risk score should be ≤ 4.
2. Shall be monitored in PACU. Discharge from PACU requires Anesthesiologist approval.
3. O₂ Sat on R/A must reach baseline.
4. Shall not become hypoxic or develop airway obstruction while breathing room air in a non-stimulating environment.

OSA Postoperative Care Area includes:
- Monitored Area
- ICU
- SDU
- Ward (with appropriate monitors and personnel)

Body Mass Index Table

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<th>Overweight</th>
<th>Obese</th>
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