Title: Obstructive Sleep Apnea Screening in Preoperative Military Personnel

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References:


Abstract Summary: The utilization of a preoperative screening tool identifies the at-risk obstructive sleep apnea (OSA) patients. The early OSA identification will allow for individualized plans of care and precautions taken to mitigate potential adverse actions associated with the surgical experience.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to understand the importance of preoperative screening for obstructive sleep apnea.</td>
<td>The differences in number of patients who were assessed with the obstructive sleep apnea screening tool compared to the patients who were not screened displays the importance of preoperative screening.</td>
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Abstract Text:

Obstructive sleep apnea (OSA) is one of the current on-going concerns in the practice of anesthesia. Patients with the medical diagnosis of OSA and those with undiagnosed OSA have greater chances for adverse events during their surgical procedure related to their medical condition. Early identification of at-risk OSA patients can help mitigate associated adverse events. The PICOT question for this project is: “In the adult surgical population, how does the routine use of the STOP-Bang Questionnaire compared to random assessment for obstructive sleep apnea influence the identification of obstructive sleep apnea in eight weeks, during the preadmission processing in a military health care treatment facility?” The purpose of this DNP project is to implement a preoperative process to identify and document OSA and/or at-risk OSA patients early, at a large military level I trauma center in central Texas, in the preadmission unit. This project resulted in a greater amount of early identified at-risk OSA patients compared to relying on a medical diagnosis of OSA alone. The identification of early at-risk OSA patients increased from 23% to 54%. The 23% was the initial percentage of patients who had the medical diagnosis of OSA prior to their preoperative preadmission screening appointment. The 54% reflects the amount of patients determined to be intermediate and high-risk OSA. Identifying and recognizing at-risk OSA patients plays a crucial role for the care provided to surgical patients. Early identification will impact the decisions made to augment and enhance the patient-specific tailored care for each at-risk OSA surgical patient. Potential adverse events may be diminished or eliminated with the early identification of OSA patients. Preoperative policies that support the utilization of preoperative screening for OSA will improve the overall quality and safety of care provided to surgical patients.