



Service Priorities and Programmes
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Evidence-based Post Anesthesia Care Unit Practice Guidelines for Determining Length of Stay and Discharge Location for Surgical Obstructive Sleep Apnea Patients

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Introduction

Obstructive sleep apnea (OSA) is defined as the occurrences of at least five apnea and hypopnea episodes in an hour accompanied by a decrease of oxygen saturation exceeding 4%. OSA may increase perioperative risk in patients requiring general anesthesia, sedation or intravenous analgesia as these agents may dampen the arousal mechanism. The American Society of Anesthesiology (2014) recommends OSA patients have extended stay in Post Anesthesia Care Unit (PACU) but no specific guidelines were offered on length of stay. In our own facility, policy existed and questions were raised as to what is the best practice

Objectives

The aim of this project is to apply research findings to determine best practices in determining length of stay in the PACU for outpatient surgical OSA patients

Methodology

In collaboration with our anesthesiologist colleagues at our facility, guidelines were developed. Three levels of patient classification were proposed based on OSA risk factors gleaned from literature review and our own research.

Result

An ongoing project, this study results in the development of OSA discharge criteria guidelines which represent an innovative practice through utilization of nursing research to provide better care for OSA patient undergoing outpatient surgery.