

THOMPSON HOSPITAL CLINICAL PRACTICE GUIDELINE

Clinical Guidelines for Respiratory Therapy for Patients Undergoing Total Joint Arthroplasty With Positive OSA (Obstructed Sleep Apnea) Screening.

Introduction

Respiratory Therapists on the Orthopedic Center of Excellence are focused on providing the highest level of postoperative care. The goal is to assist in the process of providing each patient with skilled assessments for airway management while receiving surgical medications for sedation and pain control.

Recommendations

1. Respiratory Care staff will receive a computer generate copy of the pre-op patients who have screened positive for OSA. **Or are suspected OSA.**
 - a. This information including the expected surgical date will be used to prepare the necessary equipment and staff to assess the patient on arrival to PACU.
2. The Anesthesiologist will provide an order that includes the initiation of CPAP per home settings or CPAP per titration up to 12 cmH₂O to maintain airway patency and oxygen saturations per PACU protocol.
3. When the patient arrives in PACU, the RT staff will be contacted at #4541.
 - a. If the patient uses CPAP at home and the home machine is available, the home CPAP will be initiated at this time. If the home machine is not available, the patient will be started on CPAP with a hospital machine, per home settings if known. If settings are not known, see titration guidelines for the patient without home CPAP.
 - b. The patient who has screened positive for OSA but does not use CPAP at home will be started on CPAP with a hospital machine. The pressure settings will be titrated up to 12 cm H₂O. The titration will be based on airway patency and oxygen saturation with resting/sleeping.
 - c. If additional oxygen is needed or ordered by Physician, a bleed-in adapter will be added to CPAP machine.
4. When patient is ready to be transferred to nursing unit, the home machine will be transferred with the patient. If patient has been using hospital machine, the RT staff will take CPAP to the patient's room and assess patient for continued use of CPAP. Continuous oxygen saturation monitoring will be started, with low saturation alarms set at 90%.

5. RT will document all CPAP patients' assessments and use of hospital CPAP machines in patient's E record.
6. Patients using their home CPAP machines will continue to use CPAP while sleeping/and or to maintain oxygen saturations >90%.
7. Patients who have been using hospital CPAP machines will be titrated off CPAP when oxygen saturations are >90% on room air.
8. Patients who have screened positive for OSA and do not use CPAP at home will be advised to discuss a sleep study consult with their primary care physician.

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